Commonwealth of Massachusetts.

No. 30

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	
2. Name, ...	
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	
4. Color, †	
5. Age, ...	44 Years, 10 Months, 15 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified, . .	
7. Residence, ...	
8. Place of Death, . . .	
9. Occupation, ...	
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, . .	
Signature of Undertaker or other person making the Return, ...	

Dated at . . . . . , on . . . . . 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Sophronia M. Stockford

Date and Place of Death, - *died at* Winthrop Jan 1st 188[illegible].

Disease or Cause of Death, - *of* Peritonitis *Duration of Sickness* five days.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, [illegible] Winthrop

Date of Certificate, Jan 2 188[illegible].

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 3/

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	Jan 2d 1851
2. Name, ...	[illegible]
(Maiden Name).* . .	[illegible]
3. Sex. and whether single, Married, or Widowed,	[illegible]
4. Color, †	[illegible]
5. Age.	[illegible] Years, [illegible] Months, [illegible] Days.
6. Disease or Cause of Death, / Duration of Sickness, / By whom certified, . .	[illegible]
7. Residence, ...	[illegible]
8. Place of Death, . . .	[illegible]
9. Occupation.	[illegible]
10. Place of Birth. . . .	[illegible] Maine
11. Name of Father. . .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father. .	[illegible]
14. Birthplace of Mother, .	Providence R.I.
15. Place of Interment, . .	[illegible] Town Res. Town
Signature of Undertaker or other person making the Return, . . .	[illegible]

DATED at [illegible], on [illegible] 3d, 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Hannah R Cobb

Date and Place of Death, - died at Winthrop June 2d 1886

Disease or Cause of Death, - of Old age Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. F. Cook Winthrop

Date of Certificate, June 2 1886

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 4
2. Name, ...	[illegible] aone
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	[illegible]
4. Color, †	White
5. Age, ...	Years. 5 Months, Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	[illegible]
8. Place of Death, . . .	Cottage Grove
9. Occupation, ...	
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	
14. Birthplace of Mother,	
15. Place of Interment, . .	[illegible] Rec Tomb
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

Dated at [illegible], on Jan 1 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . Christina A. Bacon (female)

Date and Place of Death, . . Winthrop Mass Jan. 4, 1886

Disease, or Cause of Death, — *First or Primary,* Bronchitis *Duration of,** 6 days

Secondary, . . . Membranous Croup *Duration of,* a few hours

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, George E. McCarthy M.D

Dated at Winthrop Mass Feb. 2 / 1886.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

No. [illegible]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible] 16 1886
2. Name, ...	[illegible]
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	[illegible]
4. Color, †	[illegible]
5. Age, ...	66 Years, 3 Months, 3 Days.
6. Disease or Cause of Death,	Pneumonia
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	[illegible]
8. Place of Death, . . .	[illegible] Street
9. Occupation, ...	[illegible]
10. Place of Birth, . . .	Wells [illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, . .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible] Floyd

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Wm Winn,

Date and Place of Death, died at Winthrop June 1886

Disease or Cause of Death, of Pneumonia *Duration of Sickness* about a week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S. Leach Winthrop

Date of Certificate, Oct 6 1886.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 51

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Jan 17 1886
2. Name,	Washburn Weston
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	66 Years, 8 Months, Days.
6. Disease or Cause of Death,	
Duration of Sickness,	
By whom certified,	
7. Residence,	Winthrop Mass
8. Place of Death,	Pine ~~Grain~~ Street
9. Occupation,	Painter
10. Place of Birth,	Marshfield Mass
11. Name of Father,	Ichabod Weston
12. Name of Mother,	Betsey Weston
13. Birthplace of Father,	Marshfield
14. Birthplace of Mother,	Duxbury
15. Place of Interment,	Winthrop
Signature of Undertaker or other person making the Return,	S. Flood

DATED at Winthrop, on Jan 17 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	
2. Name, ...	
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	
4. Color, †	
5. Age, ...	Years, Months, Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified, . .	
7. Residence, ...	
8. Place of Death, . . .	
9. Occupation, ...	
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, . .	
Signature of Undertaker ~~or other person~~ making the Return, ...	

DATED at ....., on ..... 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

No. ..... Feb 1886

RETURN OF A DEATH. to Town Clerk Winthrop

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	February 8th 1886
2. Name, ...	Nathaniel Tibbetts
(Maiden Name).* . .	
3. Sex, and whether single, Married, or Widowed,	Widower
4. Color. †	White
5. Age, ...	88 Years, 11 Months, 11 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Winthrop Mass
8. Place of Death, . . .	Pauline Street
9. Occupation, ...	Sea Captain
10. Place of Birth, . . .	Boothbay Maine
11. Name of Father, . .	James Tibbetts
12. Name of Mother, . .	
13. Birthplace of Father, .	Boothbay Maine
14. Birthplace of Mother, .	Boothbay Maine
15. Place of Interment, . .	Richmond Maine
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Winthrop, on February 9th 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	George Rackman
2. Name, ...	
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	
5. Age, ...	Years, 5 Months, 1 Days.
6. Disease or Cause of Death,	Convulsions
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Winthrop Mass
8. Place of Death, . . .	Main Street
9. Occupation, ...	~~Clerk~~
10. Place of Birth, . . .	England
11. Name of Father, . .	George Rackman
12. Name of Mother, . .	Martha S. Rackman
13. Birthplace of Father, .	England
14. Birthplace of Mother,	England
15. Place of Interment, . .	Single Grave Lot
Signature of Undertaker or other person making the Return, . . .	[illegible]

DATED at Winthrop, on Mch 10 18[illegible]

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 27th ~~2 A.M.~~
2. Name,	Josephine S. Belyea
(Maiden Name),*	" " Gilmore
3. Sex, and whether single. Married, or Widowed,	Female - Married
4. Color, †	White
5. Age,	41 Years, 10 Months, — Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Main St. Wolfville
8. Place of Death,	Main St. Wolfville
9. Occupation,	—
10. Place of Birth,	Wolfville N. S.
11. Name of Father,	John T. Gilmore
12. Name of Mother,	Sarah E. Gilmore
13. Birthplace of Father,	Wolfville N. S.
14. Birthplace of Mother.	Halifax N. S.
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at Wolfville, on March 27 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - Mrs. Josephine S. Belyea

Date and Place of Death, died at Winthrop, March 28, 1886.

Disease or Cause of Death, of Pericarditis Duration of Sickness about two weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Geo. E. McCarthy, M.D.

Winthrop, Mass Date of Certificate, March 28, 1886

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 4

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 14th " 1886
2. Name,	Spencer Franklin Prince
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male — Single.
4. Color, †	White
5. Age,	16 Years, 1 Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop
8. Place of Death,	cor Summit & Crest Ave. Ocean Spray
9. Occupation,	—
10. Place of Birth,	Boston Mass
11. Name of Father,	Albert E.
12. Name of Mother,	Isabel
13. Birthplace of Father,	Boston "
14. Birthplace of Mother,	" "
15. Place of Interment,	Woodlawn
Signature of Undertaker or other person making the Return,	W. L. Brown.

DATED at Winthrop, on May 14th " 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

Brighton, ~~Boston,~~ May 14th 1886.

This Certifies, That Spencer H. Prince

died on the 14th day of May 1886, aged 16 years,

1 months, days.

CAUSE OF DEATH. Primary, Duration

Secondary, Idiopathic Peritonitis Duration 3 days

Geo. E. McCarthy M.D. Physician.

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 6th 1886
2. Name,	Mrs Almira Irwin
(Maiden Name),*	Mrs Almira Demings
3. Sex, and whether single, Married, or Widowed.	Female Married
4. Color, †	White
5. Age,	54 Years, 3 Months, 12 Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop Mass
8. Place of Death,	Winthrop Mass
9. Occupation,	
10. Place of Birth,	Shelburne N S
11. Name of Father,	Anthony Demings
12. Name of Mother,	Sarah C.
13. Birthplace of Father,	Shelburne N S
14. Birthplace of Mother,	Duxbury Mass
15. Place of Interment,	Winthrop Mass
Signature of Undertaker or other person making the Return,	Sumner Floyd

DATED at Winthrop, on May 7th 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - H Alvira Irwin

Date and Place of Death, - died at Winthrop May 6th 1886

Disease or Cause of Death, - of Pneumonia Duration of Sickness Five days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Frank Irwin M.D. Winthrop Mass.

Date of Certificate, May 21st 1886.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF DEATH TO THE CITY REGISTRAR.

No 6

CITY HALL, BOSTON.

Forest Hill
Cambridge Mass

Date of Death, June 25 1886

Name, Lilla M R Barry Color,† W

Age 8 years 1 Months 15 days

Place of Death } Ocean Spray Mass **WARD**
Street and No. }

Residence, Boston Mass Sex, F Single, Married.

Occupation, Wife of

Birthplace* Boston Mass Widow of

Name of Father, John R

Name of Mother, Susie E

Birthplace of Father,* Boston Mass

Birthplace of Mother,* Cambridge "

Cause of Death { Primary, Duration,
Secondary, Duration,

Place of Interment, Forest Hills

Date of Interment or removal, June 27 1886

Undertaker or Informant, Benj F Smith

Dr Dwyer

BENJ F. SMITH,
UNDERTAKER.
NO. 251 TREMONT ST.,
BOSTON MASS.

☞ *Insert Town and State. †State whether white or black.

Printing Department, Deer Island, Boston Harbor.

Winthrop Mass

Boston, June 25 1886

This Certifies, That Cilla M. R. Barry,

died on the 25 day of Jun 1886, aged 8 years,

1 months, 15 days.

CAUSE OF DEATH. { Primary, Tuberculous meningitis Duration

{ Secondary, Duration

Benjamin F. Smith,
Undertaker.
No 251 Tremont St.
Boston Mass

Samuel W. Durgin. Physician.

Mr Durgin

NOTICE.—Fill in all the Blanks.

RETURN OF DEATH TO THE CITY REGISTRAR.

(7) CITY HALL, BOSTON. Winthrop

Date of Death, June 27, 18 8

Name, Mary E Deming Color,† W

Age 5 5 years Months days

Place of Death } Locust St Ocean Spray WARD
Street and No. }

Residence, Roxbury Sex, Female Single, — Married.

Occupation, Wife of

Birthplace* Widow of

Name of Father, Benj F Wade

Name of Mother, Hannah F

Birthplace of Father,* Hubbardston, Mass

Birthplace of Mother,* Eastport, Maine

Cause of Death } Primary, Duration,
Secondary, Duration,

Place of Interment, Calais Maine

Date of Interment or removal,

Undertaker or Informant, JOS. S. WATERMAN & SON, UNDERTAKERS.

☞ * Insert Town and State. † State whether white or black.

JOS. S. WATERMAN & SON,
UNDERTAKERS.

Boston, June 27 1886

This Certifies, That Mary E Manning

died on the 27 day of June 1886, aged 53 years,

months, days.

CAUSE OF DEATH. Primary, Cancer of both breasts Duration 1 year

Secondary, Hemorrhage from one breast Duration few hours

I have seen this case but once and that but a few hours before death.

Samuel H. Durgin, Physician.

No. 8

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 14th 1886
2. Name,	Abbie L. Payne
(Maiden Name),*	[illegible] Hobart
3. Sex, and whether single, Married, or Widowed.	Female Married
4. Color, †	White
5. Age,	64 Years, 10 Months, 10 Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	[illegible]
7. Residence,	Weston Mass
8. Place of Death,	[illegible]
9. Occupation,	
10. Place of Birth,	East [illegible]
11. Name of Father,	Francis Hobart
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker or other person making the Return,	[illegible]

DATED at Weston, on [illegible] 188[illegible].

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

...e of Deceased,* - - -	Mrs Hattie S Payne
...and Place of Death, -	died at Winthrop June 14 1886
...se or Cause of Death, -	of Neuralgia of Heart Duration of Sickness ___

I certify that the above is true, to the best of my knowledge and belief.

...d Residence of Certifying Physician H. L. Soule M.D. Winthrop

Date of Certificate, June 14 1886

...Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of t person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registra of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, un proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cau Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands o clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event whe certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Bo Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the b his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 22" 1886
2. Name,	Alice Goodwin
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	— Years, 10 Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness,	
By whom certified,	97 Albany St Bm
7. Residence,	~~P S Home [illegible] St~~
8. Place of Death,	P S Home Millus
9. Occupation,	—
10. Place of Birth,	Boston Mass
11. Name of Father,	—
12. Name of Mother,	Kate Gordon
13. Birthplace of Father,	—
14. Birthplace of Mother,	Ireland
15. Place of Interment,	[illegible] Rec Tomb ~~[illegible]~~
Signature of Undertaker or other person making the Return,	S Floyd 101 [illegible]

DATED at ~~July 23"~~ [illegible], on July 23 1886.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Policy Cert.

1864

1880-1-

1883-4-5-6-7-8

1890

1892 Underlakes Cert only

1893-4-5-6-7-8-

Years Missing

1853 to 1863 inc.

1865 to 1879 inc.

1882

1889

1891

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased,	Alice E. Irwin	Female
Date and Place of Death,	July 22, 1886,	Sea Shore Home Winthrop Mass
Disease, or Cause of Death, — *First or Primary,*	Cholera Infantum	*Duration of,** 16 days
Secondary,	Exhaustion	*Duration of,*

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, Cary N. Ewen M.D. Sea Shore Home Winthrop

Dated at Sea Shore Home Winthrop July 22, 1886

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	~~May Willoughby~~ July 24th 86
2. Name, ...	May Willoughby
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color. †	White
5. Age, ...	Years, 1 Months, 21 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	~~Boston~~ Cambridge Mass
8. Place of Death, . . .	S S Home (Main St
9. Occupation, ...	
10. Place of Birth, . . .	Cambridge Mass
11. Name of Father, . .	
12. Name of Mother, . .	Annie Willoughby
13. Birthplace of Father, .	
14. Birthplace of Mother, .	Ireland
15. Place of Interment, . .	~~Mount Hope~~ Malden
Signature of Undertaker ~~or other person~~ making the Return, ...	J. Pinkham

DATED at Winthrop, on July 25th 186.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Printing Department, Deer Island, Boston Harbor.

Winthrop, Mass. ~~Boston,~~ July 24. 1886

This Certifies, *That* Mary Willoughby

died on the 24th *day of* July 1886, *aged* ~~——— years,~~

2 *months,* ~~——— days.~~

CAUSE OF DEATH. { *Primary,* Diarrhoea *Duration* 3 wks.
{ *Secondary,* Bronchitis *Duration* 2 wks

Edwd. T. Williams M.D. *Physician.*

Physicians
Returns
1886

No. 77 188

RETURN OF A DEATH.

To the Clerk of the ~~City~~ Town of ~~Malden~~ Winthrop

1.	Date of Death	July 26th 1886
2.	Name of Deceased	Alzina P. Williams
	(Maiden Name)*	" Pratt
	(Husband's Name)*	H. J. Williams
3.	Sex	Female
4.	Color†	White
5.	Condition, whether Single, Married, or Widowed	Married
6.	Age	56 Years, 10 Months, 6 Days.
7.	Disease or Cause of Death	
8.	By whom certified	Dr Potter Malden
9.	Residence	Shirley St- Winthrop
10.	Occupation	—
11.	Place of Death	Shirley St- "
12.	Place of Birth	Marshfield Vt-
13.	Name of Father	Josiah Pratt
14.	Birthplace of Father	— Vermont-
15.	Name of Mother	Martha Pratt
16.	Birthplace of Mother	Vermont
17.	Place of Interment	Malden
	Signature of Undertaker, or other person making the Return	H. B. Jacobs

Winthrop, July 26th 1886

* If a Married Woman or a Widow.

† (W.) White; (A.) African; (M.) Mixed White and African. If other Race, specify what.

Be very particular to fill all Blanks in Ink.

☞The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Cause of Death — to the City Clerk, BEFORE THE INTERMENT, and receive the Clerk's Certificate that the return has been made.

☞In case of an Interment taking place without the Certificate of Registry of the Clerk of the City or Town in which the death occurred (or the deceased resided) having first been obtained, the person having charge of such interment must FORTHWITH GIVE NOTICE thereof—or report these facts —to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of returns, and Physician's Certificates, may be obtained from the City Clerk.

PHYSICIAN'S CERTIFICATE.

To the Clerk of the City of Malden.

...ceased,*..... Algina P. Williams

Place of Death,... died at Ocean Spray, Winthrop 1886

Cause of Death,.. of Edema Lungs Duration of Sickness Three weeks

I certify that the above is true, to the best my knowledge and belief.

...idence of Certifying Physician L. L. Potter Malden

Date of Certificate July 26th 1886

* Or Sex of infant (not named).

A physician who has attended a person during his last illness shall—when requested within fifteen days after the decease of such son—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the of his disease, as nearly as he can state the same.—(*Extract from Chapter* 32 *of the Public Statutes, Section* 3.)

Section 4 of the same chapter provides that "no human body shall be buried or removed from any city or town, until a proper certi has been given by the clerk or registrar to the undertaker or sexton, or other person performing the burial or removing the body. certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such tificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the sickness of the deceased, and placed in the hands of said clerk or registrar."

If there has been no physician in attendance, or in case of death by dangerous contagious diseases, or in any other event where the tificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local boa health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death, to the best knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

1. Date of Death,	Aug. 3" 1886.
2. Name,	Harry A. S. Marble
(Maiden Name),*	
3. Sex, ~~and whether~~ single, ~~Married, or Widowed~~,	M. W.
4. Color, †	
5. Age,	1 Years, 5 Months, Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	18 Irving St. Boston
8. Place of Death,	Seashore Home
9. Occupation,	
10. Place of Birth,	Boston
11. Name of Father,	Dennis E.
12. Name of Mother,	Sarah
13. Birthplace of Father,	Waldeboro Maine
14. Birthplace of Mother,	Waldeboro Maine
15. Place of Interment,	Mt. Hope.
Signature of Undertaker or other person making the Return,	J. Tinkham.

DATED at Winthrop, on Aug. 4" 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with th Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of th Town in which the Death occurred (or the deceased resided) having first been obtained, the perso having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to sai Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

To the Clerk of ~~the City of Cambridge~~. Town of Winthrop.

*e of Deceased,** . . .	Harry H. S. Marble
and Place of Death, . .	*died at* Winthrop Home Aug 3" 1886
se or Cause of Death, .	*of* Cholera Infantum *Duration of Sickness* 3 weeks

I certify that the above is true, to the best of my knowledge and belief.

nd Residence of Certifying Physician R. W. Greene [illegible]

Date of Certificate [illegible] 4 188 .

* Or Sex of infant (not named).

A physician who has attended a person during his last illness shall—when requested within fifteen days after the decease of s person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[*Extract from Chapter* 32 *of the Public Statutes, Section* 3.]

Section 4 of the same chapter provides that "no human body shall be buried or removed from any city or town, until a proper certifi has been given by the clerk or registrar to the undertaker or sexton, or other person performing the burial or removing the body. S certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certifi or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickne the deceased, and placed in the hands of said clerk or registrar.

If there has been no physician in attendance, or in case of death by dangerous contagious diseases, or in any other event where certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local boa health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death, to the best knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate

No. [illegible]

RETURN OF A DEATH.

Friday

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 6th 1886
2. Name, ...	Flossie Carter
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color. †	White
5. Age, ...	— Years, — Months, 21 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	Cholera Infantum
By whom certified, . .	
7. Residence, ...	Fremont Street
8. Place of Death, . . .	Fremont Street
9. Occupation, ...	—
10. Place of Birth, . . .	Boston Mass 85 Chamb
11. Name of Father, . .	
12. Name of Mother, . .	Lizzie Carter
13. Birthplace of Father, .	
14. Birthplace of Mother, .	Peperill N. H.
15. Place of Interment, . .	Winthrop Town Cemetery
Signature of Undertaker or other person making the Return, ...	Summer Floyd

DATED at Winthrop, on Aug 8 1886.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

*e of Deceased,** - - - Bessie Carter

*and Place of Death, - died at Winthrop Aug 7th, 1886

*se or Cause of Death, - of Cholera Infantum Duration of Sickness Four weeks,

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician H. S. Leavitt M.D. Winthrop

Date of Certificate Aug 14th 1886

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease o person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, a date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Regis of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performi burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Ca Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event whe certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Bo Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the b his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	Aug 9th 18[illegible] Marguerite C. Richards
2. Name.	
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age, ...	Years, 5 Months, 25 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Haverhill Mass.
8. Place of Death. . . .	Winthrop Mass.
9. Occupation, ...	—
10. Place of Birth, . . .	Wellington Mass.
11. Name of Father. . .	A. F. Richards
12. Name of Mother, . .	Ola Richards
13. Birthplace of Father, .	Boston
14. Birthplace of Mother, .	Boston
15. Place of Interment, . .	Woodlawn Cemetery
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at Winthrop, on Aug 1 18

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Deceased,* - Maguerite Richards

Place of Death, died at Sea Shore Home, Winthrop, Mass. Aug. 10, 1886

Cause of Death, - of Malaria terminating in Cholera Infantum
Duration of Sickness

Sick at Sea Shore Home 13 days.

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, R. W. Greene - Sea Shore Home -

Date of Certificate, Aug. 11th 1886

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after th of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the pe and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificat forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial pe the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the dece placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upo tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician c good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall fu requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five

No. 4

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Aug 11" 1886
2. Name,	~~Marguerite Richards~~ Nellie Whitehead
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	— Years, 8 Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness,	
By whom certified,	
7. Residence,	Boston Mass
8. Place of Death,	P. G. Home Smithfield
9. Occupation,	
10. Place of Birth,	Boston Mass
11. Name of Father,	
12. Name of Mother,	Annie Whitehead
13. Birthplace of Father,	
14. Birthplace of Mother,	Ireland
15. Place of Interment,	~~Mount Hope~~ [illegible] in the town
Signature of Undertaker or other person making the Return,	[illegible] Floyd

DATED at Smithfield, on Aug 12 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Printing Department, Deer Island, Boston Harbor.

Whitings Mass ~~March~~ Aug. 11. 1886

This Certifies, *That* Nellie Whitehead

died on the 11th *day of* Aug, 1886, *aged* ~~years,~~

8 *months,* ~~days.~~

CAUSE OF DEATH. *Primary,* Cholera Infantum *Duration* 2 days.

Secondary, *Duration*

Edwd. F. Williams M.D. *Physician.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 11 1886 Eldon
2. Name,	Ferdinand E. Tate
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	— Years, 9 Months, 20 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Winthrop, Mass
8. Place of Death,	Pleasant Street
9. Occupation,	
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Charles H. Tate
12. Name of Mother,	Susan B Tate
13. Birthplace of Father,	Charlestown, Mass
14. Birthplace of Mother,	Charleston Mass
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker or other person making the Return,	Lawrence Floyd

DATED at Winthrop, on Aug 12 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

nd Sex of Deceased, .	Ferdinand Elden Tate — Male
d Place of Death, . .	Winthrop, Mass., August 12, 1886
e First or Primary,	Duration of,*
h, Secondary, . . .	Cerebral Meningitis Duration of, two days

I certify that the above is a true Return, to the best of my recollection and belief.

ofessional Title, and Residence, George E. McCarthy M D Winthrop, Mass.

Dated at Winthrop, August 14 1886.

y particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	Aug 13 1886.
2. Name.	Emily Kimball
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age, ...	62 Years, — Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Winthrop Mass
8. Place of Death, . . .	Washington Ave
9. Occupation, ...	—
10. Place of Birth, . . .	Salem Mass
11. Name of Father, . .	Dudley Kimball
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible] Mass
14. Birthplace of Mother, .	[illegible] Mass
15. Place of Interment, . .	Salem Mass
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at [illegible] on August 14 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk o registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fac required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until th certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, an placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause o death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairma of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of deat to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon applic tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot f good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish th requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-fi dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased, - - -* Emily Kimball

Date and Place of Death, - *died at* Winthrop Aug 13th, 1886,

Disease or Cause of Death, - *of* Paralysis *Duration of Sickness* four days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician E. S. Smith M.D. Winthrop

Date of Certificate, Aug 14th 1886.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No. 17

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 15th 1886
2. Name,	Annie E Boylan
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	— Years, 7 Months, 17 Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Pauline Street
8. Place of Death,	" "
9. Occupation,	—
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Stephen Boyland
12. Name of Mother,	Catherine Boyland
13. Birthplace of Father,	P. E. Island
14. Birthplace of Mother,	P. E. Island
15. Place of Interment,	Holy Cemetery Malden
Signature of Undertaker or other person making the Return,	Sumner Floyd

DATED at Winthrop, on August 16 1886

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

of Deceased,* - - -	Annie E. Boylan
nd Place of Death, -	died at Winthrop Aug 15th 1886,
or Cause of Death, -	of Cholera Infantum Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician H. S. Serule

Date of Certificate, Aug 15th 1886

Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Reg of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or tow proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person perfor burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes ha returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the C Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event wh certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local B Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 16th 1886
2. Name, ...	Irene Read
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	W
5. Age, ...	X Years, 4 Months, Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Boston Mass
8. Place of Death, . . .	S.S. Home Winthrop
9. Occupation, ...	—
10. Place of Birth, . . .	Boston Mass
11. Name of Father, . .	—
12. Name of Mother, . .	~~Boston Mass~~
13. Birthplace of Father, .	—
14. Birthplace of Mother, .	Boston Mass
15. Place of Interment, . .	Temporary Deposit Rec Tomb
Signature of Undertaker or other person making the Return, ...	Lemuel Floyd

DATED at Winthrop, on Aug 17 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk o registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fac required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until th certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, an placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause o death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairma of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of deat to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon applica tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot fo good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish th requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-fiv dollars.

PHYSICIAN'S CERTIFICATE.

eased,* Irene Reed

ce of Death, died at Sea Shore Home Winthrop, Mass. Aug. 6th 1886.

use of Death, of Marasmus Duration of Sickness 2 Months

I certify that the above is true to the best of my knowledge and belief.

ence of Certifying Physician, R. W. Greene

Date of Certificate, Aug 16 1886

ex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days aft
of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the
and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certi
forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been give
or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall
facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or buria
the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the
placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of
death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application,
of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the ca
to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate,
tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physici
good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending sha
requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug. 9
2. Name,	James H. Dodge
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male Single
4. Color, †	White
5. Age,	15 Years, 6 Months, Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Westbrook
8. Place of Death,	Great Head Moore
9. Occupation,	
10. Place of Birth,	Westfield Maine
11. Name of Father,	James H.
12. Name of Mother,	Sarah E.
13. Birthplace of Father,	Andover Vt.
14. Birthplace of Mother,	Chester "
15. Place of Interment,	
Signature of Undertaker or other person making the Return,	W. S. Brown

DATED at S. Boston, on Aug. 20 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

Winthrop ~~Boston~~, Aug. 10 1886

This Certifies, That James C. Rodger

died on the 9 day of Aug. 1886, aged 15 years,

6 months ..... days.

CAUSE OF DEATH. Primary, Typhoid Fever Duration 4 Days

Secondary, ——— Duration ———

John D. Tormey M.D. Physician.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 20th 1886.
2. Name,	Mary E Hodges
(Maiden Name),*	Mary E Heath
3. Sex, and whether single, Married, or Widowed,	Widow
4. Color, †	White
5. Age,	47 Years, 2 Months, 7 Days.
6. Disease or Cause of Death, — First or Primary	
— Secondary (if any)	
— By whom certified	
7. Residence,	Winthrop Mass
8. Place of Death,	Bodoin Street
9. Occupation,	House-keeper
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	Exeter N. H.
15. Place of Interment,	Woodlawn Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Aug 21st 1886

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Please fill each question not filled

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*me of Deceased,** Mrs. Mary E. Hodges

e and Place of Death, died at Writhington, August 19, 188C.

ase or Cause of Death, of Apoplexy Duration of Sickness 6 hours

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, Geo. E. McCarthy Writhington. Miss.

*Or Sex of Infant (not named).

Date of Certificate, Sept 1 1886.

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 29th 1886
2. Name, ...	Milton Eustis
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age, ...	— Years, 5 Months, 24 Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence, ...	Winthrop Street
8. Place of Death, . . .	Belcher Street
9. Occupation, ...	—
10. Place of Birth, ...	Winthrop Mass
11. Name of Father, . . .	Charles K. Eustis
12. Name of Mother, . . .	Sarah A. Eustis
13. Birthplace of Father, . .	New Brunswick
14. Birthplace of Mother, . .	" "
15. Place of Interment, . .	Winthrop Town
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at Winthrop, on Aug 29 188[illegible]

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred. Aug 3

1. Date of Death. . . .	George Clark
2. Name, ...	—
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age, ...	1 Years, 1 Months, 29 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Boston Mass
8. Place of Death, . . .	Winthrop Mass S.C.
9. Occupation, ...	—
10. Place of Birth, . . .	Boston Mass
11. Name of Father, . .	John Clark Russ
12. Name of Mother, . .	Mary Clark 55 Stre
13. Birthplace of Father, .	Calis Maine
14. Birthplace of Mother, .	" "
15. Place of Interment, . .	Tenkiwaydeport Park
	Interment at Hoyt
Signature of Undertaker or other person making the Return, ...	Lemuel Floyd Sept 18

DATED at Winthrop, on Aug 31 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

ceased,* - - -	George Clark
ce of Death, -	died at Sea Shore Home, Winthrop, Mass. Aug 3/1886.
use of Death, -	of Dysentery Duration of Sickness 6 days

I certify that the above is true, to the best of my knowledge and belief.

ence of Certifying Physician, A W Greene Winthrop Mass

Date of Certificate, Aug 3rd 1886

ex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certifica forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall st facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the d placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, t of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the ca to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, u tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 1st 1886
2. Name, ...	Simon G Dunn
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age, ...	40 Years, — Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Winthrop Mass
8. Place of Death, . . .	Road Street
9. Occupation, ...	Shipmaster
10. Place of Birth, . . .	Lockport N. S.
11. Name of Father. . .	Edward Dunn
12. Name of Mother, . .	Sonina Dunn
13. Birthplace of Father, .	Lockport N. S.
14. Birthplace of Mother, .	Lockport N. S.
15. Place of Interment, . .	Winthrop Tow Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Lawrence Floyd

DATED at Winthrop, on Sept 2 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32. Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Simon G. Dunn

Date and Place of Death, - died at Winthrop Sept 11 1886

Disease or Cause of Death, - of typhoid fever Duration of Sickness two weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S. Lord M.D. Winthrop

Date of Certificate, Sept 12th 1886

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. [illegible]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 1st 1856
2. Name.	Mary M. Geary
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age, ...	Years, ~~2~~ 2 Months, ~~2~~ 10 Days.
6. Disease or Cause of Death,	10 weeks
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Boston [illegible]
8. Place of Death, . . .	[illegible]
9. Occupation, ...	—
10. Place of Birth, . . .	Boston Mass
11. Name of Father. . .	Dennis Kerry
12. Name of Mother, . .	Kate Kerry
13. Birthplace of Father. .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment. . .	Tompkins Depression Rec Fount
Signature of Undertaker or other person making the Return, ...	Lumner Floyd

DATED at Thirthup, on Sept 2d 1856

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Deceased, Mary M. Geary

Place of Death, died at Sea Shore Home Winthrop Mass Sept 1 188 6

Cause of Death, of Diarrhoea Duration of Sickness 10 days

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, R. M. [illegible] M D

Date of Certificate, Sept 2 188 6

Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the de of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the perso and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certif ate, h forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by th or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state t facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial perm the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the decease placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the c death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the c of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician ca good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall fur requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	[illegible] 2d 1886
2. Name,	Thomas Morecroft
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	[illegible] Years, ... Months, ... Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible] Shintrop & Buchanan
9. Occupation,	—
10. Place of Birth,	" " "
11. Name of Father,	Andrew Morecroft
12. Name of Mother,	Mary Morecroft
13. Birthplace of Father,	Fredericktin N.B.
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Simon Floyd

DATED at [illegible], on Sept 3 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 2" 1887
2. Name, ...	Ellen McKann
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age, ...	~~Years,~~ ~~Months,~~ 10 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Boston Mass
8. Place of Death, . . .	Dea Shore House Mass
9. Occupation, ...	—
10. Place of Birth, . . .	Boston Mass
11. Name of Father, . .	—
12. Name of Mother, . .	—
13. Birthplace of Father, .	—
14. Birthplace of Mother,	—
15. Place of Interment, . .	Rennal & 184 [illegible] Street
Signature of Undertaker or other person making the Return, ...	Simon Flood Undertaker

DATED at Winthrop, on Sept 3 " 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

...ame of Deceased,* - - -	Ellen McKann McK...
...ate and Place of Death, -	died at Seashore Home Winthrop Mass. Sept 2 1886
...sease or Cause of Death, -	of Double Pneumonia Duration of Sickness 10 days

I certify that the above is true, to the best of my knowledge and belief.

...e and Residence of Certifying Physician, R W Greene MD

Date of Certificate, Sept 2 1886

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

To the Clerk of the [illegible] the Death occurred.

1. Date of Death,	September 3, 1886
2. Name,	Alice E. Bacon
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †	White
5. Age,	3 Years, 5 Months, 9 Days.
6. Disease or Cause of Death, First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop Mass
8. Place of Death,	Cor Belcher & Winthrop Sts
9. Occupation,	—
10. Place of Birth,	Ravenna Ohio
11. Name of Father,	James Bacon
12. Name of Mother,	Electa Bacon
13. Birthplace of Father,	Charlestown New Hampshire
14. Birthplace of Mother,	Charleston Penn.
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Sept 3rd 1886

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with
Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk o
Town in which the Death occurred (or the deceased resided) having first been obtained, the P
having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to
Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - Alice Bacon

Date and Place of Death, - died at Winthrop, Mass Sept. 3, 1886.

Disease or Cause of Death, - of Dysentery Duration of Sickness 6 days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Geo. E. McCarthy, M.D., Winthrop, Mass

*Or Sex of Infant (not named).

Date of Certificate, Sept 3, 1886.

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

Town Clerks

RETURN OF DEATH TO THE ~~CITY REGISTRAR.~~

(29) ~~CITY HALL, BOSTON.~~ Town of Mass

Date of Death, September 4th 1886

Name, [illegible] Color,†

Age [illegible] years Months ..... days

Place of Death } WARD 4
Street and No. }

Residence, [illegible] Sex, [illegible] Single, ~~Married~~.

Occupation, ~~Wife~~ of

Birthplace* [illegible] ~~Widow~~ of

Name of Father, [illegible]

Name of Mother, [illegible]

Birthplace of Father,* [illegible]

Birthplace of Mother,* [illegible]

Cause of Death } Primary, ~~[illegible]~~ Duration,
Secondary, Duration,

Place of Interment, Medford Mass

Date of Interment or removal, Sept

Undertaker or Informant, BENJ. F. SMITH, Benj F. Smith
UNDERTAKER,
NO. 251 TREMONT ST.,
BOSTON, MASS

*Insert Town and State. †State whether white or black.

W M Belcher
460 + 462. Dillwyn

Printing Department, Deer Island, Boston Harbor.

Boston, Sept 4th 1886

This Certifies, That Harriet S. Hastings

died on the 4th day of Sept 1886, aged 1 years,

months, days.

CAUSE OF DEATH. Primary, Cholera Infantum Duration

Secondary, Duration

Benjamin. F. Smith.
Undertaker.
No 251 Tremont St.
Boston Mass

E W Aiken Physician.

[illegible]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sept 3 1886 (5th)
2. Name,	Samuel H. Tewksbury
(Maiden Name),*	—
3. Sex, and whether single. Married, or Widowed.	Male
4. Color, †	White
5. Age,	74 Years, ... Months, ... Days.
6. Disease or Cause of Death, First or Primary	Fany
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop Mass
8. Place of Death,	Washington Avenue
9. Occupation,	Boot Maker
10. Place of Birth,	Chelsea Mass
11. Name of Father,	Washington Tewksbury
12. Name of Mother,	Hannah Tewksbury
13. Birthplace of Father,	Chelsea Mass
14. Birthplace of Mother,	Chelsea Mass
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Sept 6 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,*	Samuel Hawe Pewtsbury
ate and Place of Death,	died at Winthrop, Mass Sept 5, 1886.
isease or Cause of Death,	of Typhoid Dysentery Duration of Sickness three weeks

I certify that the above is true, to the best of my knowledge and belief.

me and Residence of Certifying Physician, Geo. E Nelson City M.D. Winthrop Mass

Date of Certificate, Sept 6 1886.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

in which the Death occurred.

1. Date of Death,	July 13th 1886
2. Name,	Gordon H Bell
(Maiden Name),*	
3. Sex. and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	1 Years, 3 Months, 3 Days.
6. Disease or Cause of Death, — First or Primary	
— Secondary (if any)	
— By whom certified	
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker or other person making the Return,	[illegible]

DATED at [illegible], on July 14 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Printing Department, Deer Island, Boston Harbor.

Winthrop Sept. 14th 1886.

Boston,

This Certifies, That Gordon H. Bell

died on the 13th day of Sept. 1886, aged 1 years,

5 months, days.

CAUSE OF DEATH. Primary, Dysentery Duration 3 weeks

Secondary, Meningitis Duration 5 days

Samuel A. Durgin, Physician.

RETURN OF DEATH TO THE CITY REGISTRAR.

(32)

~~CITY HALL, BOSTON.~~

Winthrop

Date of Death, Sept. 17 1886

Name, Sarah Prue (Prue) Color,† W.

Age years 11 Months 1 days

Place of Death Street and No. Reed Street WARD

Residence, Winthrop Sex, F. Single, Married.

Occupation, F. Labourer Wife of

Birthplace* E. Cambridge Widow of

Name of Father, Joseph Prue

Name of Mother, Mary

Birthplace of Father,* Montreal C.

Birthplace of Mother,*

Cause of Death Primary, Duration,

Secondary, Duration,

Place of Interment, Cambridge

Date of Interment or removal, Sept. 19

Undertaker or Informant, John A. Kelly (E. Boston)

☞ *Insert Town and State.

†State whether white or black.

PHYSICIAN'S CERTIFICATE.

of Deceased,* - - -	Sarah Prue Prue
and Place of Death, -	died at Winthrop Sept. 17 1886
e or Cause of Death, -	of Whooping Cough Duration of Sickness Three weeks

I certify that the above is true, to the best of my knowledge and belief.

nd Residence of Certifying Physician H. S. Lovell M.D. Winthrop

Date of Certificate, Sept 17th 1886

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, unless proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of the clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where a certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, ...
2. Name, ...
   (Maiden Name),* . .
3. Sex, and whether single, Married, or Widowed,
4. Color, † . . . . . .
5. Age, ... Years, Months, Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified
7. Residence, ...
8. Place of Death, . . .
9. Occupation, ...
10. Place of Birth, ...
11. Name of Father, . . .
12. Name of Mother, . . .
13. Birthplace of Father, . .
14. Birthplace of Mother, . .
15. Place of Interment, . .

Signature of Undertaker or other person making the Return, ...

Single grave lot
East Section

DATED at ....., on ..... 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*e of Deceased,** Josephene Rich

and Place of Death, died at Winthrop Mass Sept 22 1886.

se or Cause of Death, of

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

nd Residence of Certifying Physician, H. L. Lovell Winthrop.

Date of Certificate, Sept 23 " 1886

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	October 9th 1886.
2. Name,	Guy Wallis Paul.
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed.	Male W.
4. Color, †	W.
5. Age,	Years, 3 Months, 13 Days.
6. Disease or Cause of Death, (First or Primary)	
(Secondary (if any))	
(By whom certified)	
7. Residence,	Winthrop Mass
8. Place of Death,	Locksley Street
9. Occupation,	
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Geo. W. Paul
12. Name of Mother,	Mary E. G. Paul
13. Birthplace of Father,	Eliot Me.
14. Birthplace of Mother,	Norwood Mass
15. Place of Interment,	Norwood Mass.
Signature of Undertaker or other person making the Return,	Louise M. Paul

DATED at Winthrop Mass, on Oct 10th 1886

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Guy W. Paul

Date and Place of Death, died at Winthrop Oct 9th, 1886.

Disease or Cause of Death, of Spasmodic Croup Duration of Sickness Two hours.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. S. Gould M.D. Winthrop

Date of Certificate, Oct 9th 1886

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of s person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and th date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registrat of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing th burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have bee returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause o Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of s clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where t certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board o Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best o his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

☞ *To be reported before interment.*

Town Clerk Winthrop

Return of a Death to the ~~City Clerk~~.

CITY HALL, CHELSEA.

Date of Death, Oct 15th 1886

Name, Eunice B. Gray Color, W

Age, 29 years, — months, — days.

Residence, (St. & No.) 54 Charles St W Winthrop

Sex, whether single, married, or widowed, Married

Occupation,

Birthplace, Derry N H

Names of Parents, Holmes & Sarah L. Barrett

Wife or Widow of Wife of Douglass

Birthplace of Father, Melrose Mass

Birthplace of Mother, Canton Me

Place of Interment, Woodlawn

Undertaker or Informant, Robt S. G. Marden

Winthrop Post Office

Winthrop ~~Chelsea~~, 18th Oct 1886

This Certifies, That Ennice B. Gray

d on the 15th day of Oct 1886, aged 29 years,

— months, — days.

E OF ATH { Primary, Tuberculosis. Duration, 4 years
Secondary, Tubercular Enteritis Duration, 1 year

A K Weeks — Physician.

Town Clerk

RETURN OF DEATH TO THE ~~CITY REGISTRAR.~~

(36) ~~CITY HALL, BOSTON.~~ Winthrop Mass

Date of Death, Dec 2nd 1886

Name, Inez Kimball Doolittle Color,† White

Age 2 years 8 Months days

Place of Death } Harbor Ave Winthrop WARD
Street and No. }

Residence, Winthrop Sex, F Single, ~~Married.~~

Occupation, ~~Wife of~~

Birthplace* Boston ~~Widow of~~

Name of Father, Erastus H. Doolittle

Name of Mother, Inez C. Doolittle

Birthplace of Father,* New Bedford Mass

Birthplace of Mother,* Bangor Maine

Cause of Death } Primary, Duration,

Secondary, Duration,

Place of Interment, Winthrop

Date of Interment or removal, December 5th 1886

Undertaker or Informant, BENJ. F. SMITH,
UNDERTAKER,
NO. 251 TREMONT ST.,
BOSTON, MASS

☞ *Insert Town and State. †State whether white or black.

Printing Department, Deer Island, Boston Harbor.

Boston, Dec 2 1886

This Certifies, That Inez Kimball Doolittle

died on the 2 day of Decr 1886, aged 2 years,

8 months, days.

CAUSE OF DEATH. Primary, Burns Duration

Secondary, Nervous Shock Duration 21 hours

BENJ. F. SMITH,
UNDERTAKER,
NO. 251 TREMONT ST.,
BOSTON, MASS.

H. S. Soule M.D. Physician.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Dec 28 188
2. Name,	[illegible]
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	1 Years, ~ Months, 3 Days.
6. Disease or Cause of Death, — First or Primary	
— Secondary (if any)	
— By whom certified	
7. Residence,	Smithville
8. Place of Death,	[illegible]
9. Occupation,	—
10. Place of Birth,	Smithville
11. Name of Father,	Peter E. [illegible]
12. Name of Mother,	Mary J. [illegible]
13. Birthplace of Father,	Canada N.Y.
14. Birthplace of Mother,	[illegible] N.Y.
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at Smithville, on 28 188 6

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is reque
Physician's Certificate of the Causes of Death—to the Town

☞ In case of an interment taking place, without th
Town in which the Death occurred (or the deceased res
having charge of such Interment must FORTHWITH GIVE NO
Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtai

PHYSICIAN'S CERTIFICATE.

Deceased,* Mary L Wickmire

Place of Death, died at Winthrop Dec 28 1886

Cause of Death, of Hooping Cough Duration of Sickness Five months

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, Sg. S. Coulé MD

Date of Certificate, Jan 1st 1887.

Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the
of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the perso
and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate,
forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by
or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state
facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial perm
the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceas
placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the
death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the
of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause
to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon
tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician c
good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall fu
requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	January 6th 1887.
2. Name,	Willie F. Crosby
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	7 Years, 11 Months, 14 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Read Street
8. Place of Death,	" "
9. Occupation,	
10. Place of Birth,	East Boston
11. Name of Father,	Charles F. Crosby
12. Name of Mother,	Annie C. Crosby
13. Birthplace of Father,	East Boston Mass
14. Birthplace of Mother,	Boston Mass
15. Place of Interment,	Winthrop Town Cemetery
Signature of ~~Undertaker or other person~~ making the Return,	Lot Z Lucius Floyd Sumner Floyd

DATED at Winthrop, on January 7 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chair of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of d to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon app tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

PHYSICIAN'S CERTIFICATE.

ne of Deceased,* - -	Willie Cuskey
and Place of Death, -	died at Winthrop, Mass Jan 6 1887.
ase or Cause of Death, -	of Croupous Pneumonia Duration of Sickness Six days

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, Geo. E. McCarthy M.D. Winthrop Mass

Date of Certificate, Jan. 7. 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible] 7
2. Name, ...	Ada [illegible]
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed.	[illegible]
4. Color, †	
5. Age, ...	4 Years, 1 Months, [illegible] Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence, ...	
8. Place of Death, . . .	
9. Occupation, ...	
10. Place of Birth, ...	
11. Name of Father, . . .	
12. Name of Mother, . . .	
13. Birthplace of Father, . .	
14. Birthplace of Mother, .	
15. Place of Interment, . .	
Signature of Undertaker ~~or other person~~ making the Return, ...	

DATED at ....., on ..... 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of th Town in which the Death occurred (or the deceased resided) having first been obtained, the pers having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to sai Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

of Deceased,* - - -	Ada Hattie Reed
d Place of Death, -	died at Winthrop Jan 7" 188 7.
or Cause of Death, -	of Consumption Duration of Sickness Three months

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, H. S. Soule Winthrop

or Sex of Infant (not named). Date of Certificate, Jan 8" 188 7.

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 25 1887
2. Name, ...	Maria Curdleston
(Maiden Name),* . .	Kay
3. Sex, and whether single, Married, or Widowed,	F[illegible]
4. Color, †	White
5. Age, ...	88 Years, 2 Months, 15 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	[illegible]
8. Place of Death, . . .	Pleasant Street
9. Occupation, ...	—
10. Place of Birth, . . .	Hetherset England
11. Name of Father, . .	—
12. Name of Mother, . .	—
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, . .	Winthrop Pon Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at [illegible] on [illegible] 26 1887.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

*e of Deceased,**	Maria Girdlestone
and Place of Death,	died at Winthrop Jan 25 " 1887
se or Cause of Death,	of Old age Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, Hr. S. Louli Winthrop

Date of Certificate, Jan 26 " 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, or placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . .	Oct 8. 18[illegible]
2. Name.	[illegible] Sanders
(Maiden Name),* . .	[illegible] Catt
3. Sex, and whether single, Married, or Widowed,	[illegible]
4. Color, †	White
5. Age, ...	37 Years, [illegible] Months, [illegible] Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified, . .	[illegible]
7. Residence, ...	[illegible]
8. Place of Death, . . .	[illegible]
9. Occupation, ...	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, . .	[illegible]
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

of Deceased,* - Mrs. Frances B. Sanderson

nd Place of Death, - died at Winthrop Mass Feb. 8, 1887

e or Cause of Death, - of Hemorrhage & Convulsions Duration of Sickness One day

e above death was the result of complicated childbirth

I certify that the above is true, to the best of my knowledge and belief.

nd Residence of Certifying Physician, Geo E. McCarthy M.D. Winthrop Mass

Date of Certificate, Feb 10 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the dece of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the caus death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chair of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of d to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon app tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dolla

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 8 [illegible]
2. Name, ...	[illegible]
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	—
4. Color, †	[illegible]
5. Age, ...	Years, Months, Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	[illegible]
8. Place of Death, . . .	[illegible]
9. Occupation, ...	—
10. Place of Birth, . . .	—
11. Name of Father, .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, . .	[illegible]
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars

PHYSICIAN'S CERTIFICATE.

*of Deceased,** Female Infant of Geo. A. & Frances B. Sanderson

and Place of Death, died at Whitinsville, Mass. Feb. 6. 1887.

se or Cause of Death, of ~~Duration of Sickness~~

The above mentioned infant was stillborn

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, Geo. E. McCarthy M.D. Whitinsville Mass

Date of Certificate, Feb. 10 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 15th 88
2. Name, ...	[illegible] M Belcher
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	M
4. Color, †	W
5. Age, ...	75 Years, 6 Months, 27 Days.
6. Disease or Cause of Death, Duration of Sickness, . By whom certified, . .	Enlargement of Heart
7. Residence, ...	Winthrop Mass
8. Place of Death, . . .	Winthrop Street
9. Occupation, ...	Farmer
10. Place of Birth, . .	Chelsea Mass
11. Name of Father, .	Joseph Belcher
12. Name of Mother, . .	Nancy Belcher
13. Birthplace of Father, .	Chelsea Mass
14. Birthplace of Mother, .	Chelsea Mass
15. Place of Interment, . .	Winthrop Pine Cemetery
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at Winthrop, on Feb 16 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32. Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fac required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, a placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairm of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of de to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon appli tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty- dollars.

PHYSICIAN'S CERTIFICATE.

*e of Deceased,** James M Belcher

and Place of Death, died at Winthrop Feb 15 188 1

se or Cause of Death, of Enlargement of Heart Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, H. L. Lovell Winthrop

Date of Certificate, Feb 16 188 1.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 15" 18[illegible]
2. Name,	Elmer [illegible]
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	
5. Age,	27 Years, Months, Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	[illegible]
8. Place of Death,	[illegible]
9. Occupation,	[illegible]
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker or other person making the Return,	[illegible]

Dated at [illegible], on [illegible] 18[illegible]

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until such certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

~~Boston~~, Winthrop Mch 17 1887

This Certifies, That Edna M. Weston

died on the 15 day of Mch 1887, aged 27 years,

_____ months, _____ days.

CAUSE OF DEATH. Primary, Acute Tuberculosis Duration 6 wks

Secondary, _____ Duration _____

B. F. Campbell Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 28th 1887
2. Name,	Mary L. Pond
(Maiden Name),*	" " Pond
3. Sex, and whether single, Married, or Widowed,	Female Wife
4. Color, †	White
5. Age,	79 Years, — Months, — Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Winthrop Mass.
8. Place of Death,	Hermon Street
9. Occupation,	
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Elijah —
12. Name of Mother,	Mary —
13. Birthplace of Father,	Winthrop Mass
14. Birthplace of Mother,	Winthrop Mass
15. Place of Interment,	Point Shirley Mass.
Signature of Undertaker ~~*or other person*~~ *making the Return,*	Sumner Floyd

DATED at Winthrop, on March 29 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

... of Deceased,* - - -	Mary S. Blake
... and Place of Death,	died at at Winthrop March 28 188 7.
... se or Cause of Death,	of Old age Duration of Sickness —

I certify that the above is true, to the best of my knowledge and belief.

... and Residence of Certifying Physician, H. S. Soule Winthrop

Date of Certificate, Dec 21 188 7.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 20. 1887
2. Name,	Priscilla Tewksbury
(Maiden Name),*	—
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	66 Years, 3 Months, 25 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Pleasant Street
8. Place of Death,	" "
9. Occupation,	Farmer
10. Place of Birth,	Boxford
11. Name of Father,	Phillip Tewksbury
12. Name of Mother,	Mary Tewksbury
13. Birthplace of Father,	Chelsea Mass
14. Birthplace of Mother,	Rowley Mass
15. Place of Interment,	Westbrook Town Cemetery
Signature of Undertaker making the Return,	[illegible]

DATED at Westbrook, on May 21 1887.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Deduct on Undertaker

Winthrop ~~Boston~~, May 20" 1887

This Certifies, *That* Phillip Tuckerman

died on the 20 *day of* May *1887, aged* ..... *years,*

..... *months,* ..... *days.*

CAUSE OF DEATH. { *Primary,* Degeneration of the Heart *Duration* unknown

Secondary, ... *Duration* .....

B. F. Campbell *Physician.*

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

NOTICE.—Fill out in Ink.

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, June 5, 1887

Name, James Blair Color,† W

Age 28 years — Months — days

Place of Death Street and No. Winthrop WARD

Residence, Beachmont Sex, M ~~Single~~, Married.

Occupation, Book Keeper ~~Wife of~~

Birthplace* Ireland ~~Widow of~~

Name of Father, John Blair

Name of Mother, Martha Blair.

Birthplace of Father,* Ireland

Birthplace of Mother,* Ireland.

Cause of Death Primary, Duration,

Secondary, Duration,

Place of Interment, Revere

Date of Interment or removal, June 6.

Undertaker or Informant, J. W. Sprague

☞ *Insert Town and State.

†State whether white or black.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

Boston, June 6th 1887

This Certifies, That James Blair

died on the 5th day of July 1887, aged 28 years,

months, days.

CAUSE OF DEATH. Primary, Accident Duration

Secondary, Drowning Duration

Francis A. Hayes Physician.

Med. Examiner

No. 51

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 7 1887.
2. Name,	George E. Skinner
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	M.
4. Color, †	
5. Age,	Years, Months, Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	
8. Place of Death,	" "
9. Occupation,	Mariner
10. Place of Birth,	E. Boston Mass.
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	"
15. Place of Interment,	
Signature of Undertaker or other person making the Return,	

DATED at , on 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Boston, July 7 1887.

This Certifies, That George E. Heiner

died on the 7 day of July 188, aged 36 years,

months, days.

CAUSE OF DEATH. Primary, — Duration

Secondary, Accidental Duration

Crushing of Head & Spinal Column

Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

No

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 19th 1887
2. Name, ...	[illegible]
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	[illegible]
Married, or Widowed,	—
4. Color,†	[illegible]
5. Age, ...	Years, 4 Months, 3 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	[illegible]
8. Occupation, ...	—
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	~~Hope~~ Cambridge Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Winthrop, on July 20 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registra to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts requir by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hand of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also b approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of healt or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowled and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dange ous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be ea enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any pers violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twenti line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

*of Deceased,** — Alfred David Fox

and Place of Death, died at Children's Sea Shore Home Winthrop Mass. July 19 1887

se or Cause of Death, of Cholera Infantum Duration of Sickness five days.

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, A. E. Stannard, 381 Columbus Ave. Boston.

Date of Certificate, July 19th 1887.

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, or placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding one hundred dollars."

No. 25

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 27 1867
2. Name,	[illegible] Christy
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	
5. Age,	15 Years, 11 Months, 14 Days.
6. Disease or Cause of Death,	
Duration of Sickness,	
By whom certified,	
7. Residence,	[illegible] Grand Island
8. Place of Death,	Grand Island
9. Occupation,	
10. Place of Birth,	[illegible]
11. Name of Father,	
12. Name of Mother,	[illegible] Christy
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	Summers Floyd

Dated at [illegible], on July 27 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Winthrop Mass. July 27 1887

This Certifies, That Arthur M. Chisley

died on the 27th day of July 1887, aged 10 years,

11 months, 4 days.

CAUSE OF DEATH. Primary, Inflamation Stomach & Bowels Duration 5 days

Secondary, Gastric Fever Duration

Prenard L. Goodwin Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 27th 1887
2. Name,	William Morrison.
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Single.
4. Color,†	White
5. Age,	0 Years, 8 Months, — Days.
6. Disease or Cause of Death,	Tubercular Meningitis.
Duration of Sickness,	Eight days
By whom certified,	A. C. Steward
7. Residence,	28 Clark St. Boston
8. Occupation,	
9. Place of Death,	Sea Shore Home Winthrop
10. Place of Birth,	Boston
11. Name of Father,	
12. Name of Mother,	Rubina Morrison
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Mount Hope
Signature of Undertaker ~~or other person~~ making the Return,	per Dunne & Floyd

DATED at Winthrop, on July 27 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* William Morrison

Date and Place of Death, died at Sea Shore Home, Winthrop Mass. July 27th 1887

Disease or Cause of Death, - of Tubercular Meningitis Duration of Sickness Eight days.

Certificate not made

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, A. E. Stannard 381 Columbus Ave. Boston

Date of Certificate, July 28th 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, July 29 18

Name, Carlos [illegible] Color,†

Age 1 years 8 Months days

Place of Death } Street and No. } [illegible] **WARD**

Residence, [illegible] Sex, [illegible] Single, Married.

Occupation, Wife of

Birthplace* Boston Widow of

Name of Father, Jas

Name of Mother, Mary

Birthplace of Father,* [illegible]

Birthplace of Mother,*

Cause of Death } Primary, Duration,

Secondary, Duration,

Place of Interment, [illegible]

Date of Interment or removal, July 29

Undertaker or Informant, [illegible]

☞ *Insert Town and State.

John Reade Charlestown

†State whether white or black.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - [illegible]

Date and Place of Death, - *died at* [illegible] *188*[illegible].

Disease or Cause of Death, - *of* [illegible] *Duration of Sickness* [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, [illegible]

Date of Certificate, [illegible] *188*[illegible].

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 29th 1887
2. Name,	Frank E. George
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	— Years, 14 Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness,	
By whom certified,	Dyer
7. Residence,	Revere "
8. Place of Death,	" " "
9. Occupation,	—
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Walter E. George
12. Name of Mother,	Carrie Grace
13. Birthplace of Father,	East Boston
14. Birthplace of Mother,	
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on July 29, 18 87

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** Frank E. Lovejoy

Date and Place of Death, died at Winthrop Aug 27 188 7.

Disease or Cause of Death, of Cholera Infantum Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

me and Residence of Certifying Physician, H. S. Soule Winthrop Mass

Date of Certificate, Aug 6th 188 7.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 29th 1887
2. Name,	Ella Shea
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	7m Years, Months, Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	Cholera Infantum
7. Residence,	
8. Place of Death,	Sea Shore House Revere
9. Occupation,	
10. Place of Birth,	
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Holy Cross Cemetery
Signature of Undertaker ~~or of other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on July 29th 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Perry [illegible] Boston

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-f dollars.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** Ella Shea

Date and Place of Death, died at Sea Shore Home Winthrop, Mass. July 29th 1887.

Disease or Cause of Death, of Cholera Infantum *Duration of Sickness* ten days

I certify that the above is true, to the best of my knowledge and belief.

me and Residence of Certifying Physician, A. E. Stanard 381 Columbus Ave, Boston.

Date of Certificate, July 29th 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 76

Commonwealth of Massachusetts

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . .	August 1st 1887
2. Name, ...	Dame E. Boylan
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age, ...	Years, 5 Months, Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified, . .	
7. Residence.	Winthrop Mass
8. Place of Death, . . .	Pauline Street
9. Occupation, ...	
10. Place of Birth, . . .	Winthrop Mass
11. Name of Father, . .	Stephen Boylan
12. Name of Mother, . .	Catherine Boylan
13. Birthplace of Father, .	P E. Island
14. Birthplace of Mother, .	P E. Island
15. Place of Interment. . .	Holy Cross Cemetery (Malden)
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Winthrop, on August 1st, 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - James E. Boylan

Date and Place of Death, died at Winthrop Aug 1st 1887

Disease or Cause of Death, - of Cholera Infantum Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. L. Locke Winthrop Mass.

Date of Certificate, Aug 6th 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 5 1887
2. Name.	James W. Crystal
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	
4. Color. †	
5. Age, ...	Years, Months, Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified, . .	
7. Residence.	Winthrop, Mass
8. Place of Death. . . .	Atlantic Mass
9. Occupation.	
10. Place of Birth, . . .	Winthrop Mass
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, . .	
Signature of Undertaker ~~or other person~~ making the Return, ...	

DATED at ..., on ... 1887.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased, -* James McLaughlin

Date and Place of Death, - died at Winthrop Aug 5th 1887.

Disease or Cause of Death, - of Premature birth *Duration of Sickness*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S. Lovell Winthrop Mass

Date of Certificate, Aug 6th 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 6th 1887
2. Name,	Joseph L Emerson
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	Years, Months, Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	Pneumonia
7. Residence,	
8. Place of Death,	Winthrop (S. S. Home)
9. Occupation,	
10. Place of Birth,	Boston Mass.
11. Name of Father,	Henry Lemmon
12. Name of Mother,	Ellen F. Lemmon
13. Birthplace of Father,	New York
14. Birthplace of Mother,	Boston Mass.
15. Place of Interment,	Temporary deposit in Rec Tomb
Signature of Undertaker ~~or other person~~ making the Return,	Summer Floyd Renewal to Mt Hope

DATED at Winthrop, on Aug 6th 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fac required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until t certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, a placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairm of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of de to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon appl tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty- dollars

Ro

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Joseph Lemmer

Date and Place of Death, - died at Shore Home. Winthrop. Mass. Aug 6 1887.

Disease or Cause of Death, - of Pneumonia *Duration of Sickness* one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, A. M. Standard 381 Columbus Ave. Boston

Date of Certificate, Aug 6th 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 21

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . .	August 6th 1887
2. Name, ...	John Brett
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Male,
4. Color, †	White
5. Age, ...	Years, 1/- Months. Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified, . .	Cholera Infantum
7. Residence, ...	Boston Mass
8. Place of Death, . . .	Winthrop. (P.S. Home)
9. Occupation, ...	
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment. . .	Temporary Deposit in Tomb

Signature of Undertaker ~~or other person~~ making the Return, ... Sumner Floyd

DATED at Winthrop, on Aug 6 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

2 in Print

PHYSICIAN'S CERTIFICATE.

*me of Deceased,** - John Brett.

ate and Place of Death, - died at Sea Shore House. Winthrop. Aug 6th 1887

Disease or Cause of Death, - of Cholera infantum Duration of Sickness 2 days.

I certify that the above is true, to the best of my knowledge and belief.

ne and Residence of Certifying Physician, Charles W. Townsend M.D. 61 Chestnut St Boston

Date of Certificate, Aug 6th 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, where death was caused by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

Commonwealth of Massachusetts

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug 8th 1887
2. Name,	Nellie Collins.
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	female ~~Single~~
4. Color,†	White
5. Age,	1 Years, — Months, — Days.
6. Disease or Cause of Death,	Lobular Pneumonia
Duration of Sickness,	two weeks.
By whom certified,	A. C. Standard
7. Residence,	16 Cunard ave. Boston
8. Occupation,	
9. Place of Death,	Sea Side Home Winthrop Boston
10. Place of Birth,	
11. Name of Father,	
12. Name of Mother,	Julia Collins
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Mount Hope
Signature of Undertaker or ~~other person making the Return~~,	Simmons Floyd

DATED at Winthrop, on Aug 9 1887.

* If a Married Woman or Widow
† If other than White, (M.) [illegible] (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or re to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts re by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certific the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall a approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of h or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowl and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by d ous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the tw line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

e of Deceased, - - -* Nellie Collins

and Place of Death, - died at Sea Shore Home Winthrop Mass Aug 7 1887

ase or Cause of Death, - of Lobular Pneumonia *Duration of Sickness* two weeks

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician A. L. Stanard 381 Columbus Ave. Boston

Date of Certificate, Aug. 8th 1887

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 15th 1887
2. Name, ...	William Martin
(Maiden Name),* . .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age.	— Years, 8 Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	Enteritis
By whom certified, . .	
7. Residence, ...	Bishop [illegible] St Peter St
8. Place of Death, . . .	Sea Shore Home
9. Occupation, ...	—
10. Place of Birth, . .	Boston
11. Name of Father, .	John Martin
12. Name of Mother, . .	Bridget [illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	St John N B.
15. Place of Interment, . .	Calvary Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible] Floyd

DATED at [illegible] on Aug 15 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[illegible] Undertaker [illegible] Scott

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk o registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fac required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until th certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, an placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairm of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of dea to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon appli tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish t requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-f dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - William Martin

Date and Place of Death, - died at Sea Shore Home Winthrop Mass. Aug 15 1887.

Disease or Cause of Death, - of Enteritis

Duration of Sickness 4 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, A. E. Bland 381 Columbia St. Boston

*Or Sex of Infant (not named).

Date of Certificate, Aug 15 1887.

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Dec 17 1887
2. Name,	Lucella G. Phillips
(Maiden Name),*	Phillips
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	43 Years, Months. Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	Paralysis
7. Residence,	Atlantic Street
8. Place of Death,	" "
9. Occupation,	
10. Place of Birth,	New York
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Hamburg Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	

DATED at ....., on Dec 17 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Boston, August 20th 1887

This Certifies, That Lucetta C. McDougall

died on the 17th day of Aug. 1887, aged 43 years,

5 months, 15 days.

CAUSE OF DEATH. Primary, Child birth Duration July 9, 1887

Secondary, Blood Poisoning Duration 38 days

Richard S. D. Goodwin Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug 18" 1887
2. Name,	Frank Mitchell
(Maiden Name),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	Years, Months, Days.
6. Disease or Cause of Death,	
Duration of Sickness,	
By whom certified,	
7. Residence,	Boston Mass
8. Place of Death,	Sea Shore Home Main St
9. Occupation,	
10. Place of Birth,	Lynn Mass
11. Name of Father,	Joseph F. Mitchell
12. Name of Mother,	Georgie G ~~[illegible]~~
13. Birthplace of Father,	Michigan
14. Birthplace of Mother,	Portland Me
15. Place of Interment,	Temporary Deposit Tom Kenyon Lot 5
Signature of Undertaker ~~or other person~~ making the Return,	Lumner Floyd

DATED at Winthrop, on Aug 18" 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause o death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairma of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of deat to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon applica tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot f good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish t requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-fi dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - Frank Mitchell

Date and Place of Death, - died at Sea Shore Home Winthrop Mass. Aug 16 1887.

Disease or Cause of Death, - of Septicaemia Duration of Sickness Abscess in axilla

opened Aug 8. [illegible]

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, A. C. Stanard 381 Columbus Ave. Boston.

Date of Certificate, Aug 18th 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.'

No. 22

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	August 20" 1887
2. Name, ...	Victor Peluso
(Maiden Name),* . .	—
3. Sex, and whether single. Married, or Widowed,	Single
4. Color, †	White
5. Age, ...	— Years, 6 Months, 20 Days.
6. Disease or Cause of Death,	
Duration of Sickness,	
By whom certified, . .	
7. Residence, ...	[illegible] Boston
8. Place of Death, . . .	[illegible]
9. Occupation, ...	—
10. Place of Birth, . . .	[illegible]
11. Name of Father, .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	"
15. Place of Interment, . .	Mount Hope
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible], on Aug 22" 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Walter Peterson

Date and Place of Death, died at Sea Shore Home, Winthrop, Mass. Aug 20 188 7.

Disease or Cause of Death, of Meningitis. Duration of Sickness Abdominal disease 2-3 wks. cerebral symptoms one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, A. E. Stanard 381 Columbus Ave. Boston.

Date of Certificate, Aug 20 188 7.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 25th 1887
2. Name, ...	Mary Kelly
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	female
Married, or Widowed,	~~Single~~
4. Color,†	White
5. Age, ...	0 Years, 4 Months, — Days.
6. Disease or Cause of Death,	Enteritis
Duration of Sickness, .	unknown
By whom certified, .	A. L. Stanard.
7. Residence, ...	196 Essex St
8. Occupation, ...	—
9. Place of Death, . . .	Sea Shore Home Winthrop
10. Place of Birth, . . .	Boston
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	Mount Hope
Signature of Undertaker ~~or other person~~ making the Return, . . .	Dennis Lloyd

DATED at Winthrop, on Aug 26 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Mary Gill - Kelley

' Deceased,* - - - died at Sea Shore Home, Winthrop Mass. Aug 25 1887.

l Place of Death, -

or Cause of Death, - of Enteritis Duration of Sickness 10 hours here

Comatose condition. Mother not in condition to give previous history.

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, A. L. Stanard 381 Columbus Ave. Boston

Date of Certificate, Aug. 25th 1887

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the de of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the or registrar to the undertaker, sexton, or other person performing the burial or removing the bo[illegible]. Such certificate shall state th facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial perm the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the ca death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the cha of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon ap tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cann good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five d

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 29th 18[illegible]
2. Name, ...	Eliza B. Watts
(Maiden Name),* . .	Small
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age, ...	77 Years, — Months, 17 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	Lynn Mass
8. Place of Death, . . .	Winthrop Mass
9. Occupation, ...	—
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	Isaac
12. Name of Mother, . .	Elizabeth
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, . .	Portland Me
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Winthrop, on Aug ~~29~~ 30 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Eliza B. Watts

Date and Place of Death, - died at D. P. Mathews. Winthrop. Aug. 29th 1887.

Disease or Cause of Death, - of Apoplexy. Duration of Sickness 36 hours

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, E. P. Wing M.D. #39 So. Common St. Lynn.

Date of Certificate, Aug 30th 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter* 32 *of the Public Statutes*, 1882.]

"SECT. 3.—A Physician who has attended a person during his last illness, shall, when requested within fifteen days after the decease of such person, *forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same."

"SECT. 5.—No human body shall be buried, or removed from any city or town, until a proper certificate has been given, by the clerk or registrar, to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the Physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar."

[If there has been no physician in attendance, or in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the Board of Health, or any physician employed by any city or town for such purpose, shall, upon application, sign the certificate of the cause of death, to the best of his knowledge and belief. In case of death by violence, the medical examiner attending shall furnish the requisite certificate.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 31" 1887
2. Name, ...	Capt [illegible] McIntosh
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	[illegible]
4. Color, †	[illegible]
5. Age, ...	79 Years, 8 Months, Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, . .	
7. Residence, ...	[illegible]
8. Place of Death, . . .	[illegible]
9. Occupation, ...	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, . .	Mount [illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 18 [illegible]

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Winthrop ~~Boston~~, September 1st 1887

This Certifies, That Capt. Baker McNear

died on the 31st day of Aug 1887, aged 78 years,

9 months, — days.

CAUSE OF DEATH. Primary, Pleuritis Duration 8 days

Secondary, Double Pneumonia Duration 6 days

S. H. Durgin Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

Town Clerk

RETURN OF DEATH TO THE ~~CITY REGISTRAR~~.

~~CITY HALL, BOSTON~~. Winthrop

Date of Death, Sept 1 1887

Name, Germeria Rosenberg Color,† W

Age 71 years 1 Months 13 days

Place of Death Street and No. } Ocean Spray Winthrop Mass WARD

Residence, Boston Mass Sex. F ~~Single~~, ~~Married~~.

Occupation, ~~Wife of~~

Birthplace* Germany Widow of Samuel

Name of Father, Elias ~~Moos~~ Moos

Name of Mother, Fanny ~~Unknown~~ "

Birthplace of Father,* Germany

Birthplace of Mother,* "

Cause of Death } Primary, Duration,

Secondary, Duration,

Place of Interment, East Boston Mass

Date of Interment or removal, Sept 3d

Undertaker or Informant, Benj F. Smith

BENJ F. SMITH,
UNDERTAKER,
NO. 251 TREMONT ST.,
BOSTON, MASS.

☞ * *Insert Town and State* † *State whether white or black*

Printing Department, Deer Island, Boston Harbor.

Boston, Sept 1 1887

This Certifies, That Jermenia Rosenberg

died on the 1 day of Sept 1887, aged 71 years,

1 months, 13 days.

CAUSE OF DEATH. Primary, Cerebral Hemorrhage Duration 4 days

Secondary, Duration

BENJ. F. SMITH,
UNDERTAKER,
NO. 251 TREMONT ST.,
BOSTON, MASS

S. H. Durgin, Physician.

1. Date of Death, . . .	Sept [illegible]
2. Name, ...	George [illegible]
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	White
5. Age, ...	56 Years, 5 Months, 26 Days.
6. Disease or Cause of Death,	Pneumonia
Duration of Sickness, .	5 days
By whom certified, .	Dr. Soule
7. Residence, ...	[illegible]
8. Occupation, ...	[illegible]
9. Place of Death, . . .	Cutler
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	Fra. S. Paul
12. Name of Mother, . .	Ann Mary Paul
13. Birthplace of Father, .	Elliott Maine
14. Birthplace of Mother, .	Newington N. H.
15. Place of Interment, .	[illegible]
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certi the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in th of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his kn and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by ous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. A violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

ne of Deceased,* George H. Ward

and Place of Death, - died at Winthrop Mass on the 22 of Sept 1887

se or Cause of Death, - of C/C Pneumonia Duration of Sickness One week

I certify that the above is true, to the best of my knowledge and belief.

d Residence of Certifying Physician, H. S. Goodell M.D Winthrop Mass

*Or Sex of Infant (not named).

Date of Certificate, Sept 26 188 7

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Oct 18" 1887
2. Name,	Annie Winthrop Does
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,†	White
5. Age,	— Years, — Months, 4 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Winthrop Mass
8. Occupation,	
9. Place of Death,	Fremont Street
10. Place of Birth,	Fremont Street / H. L. Dunbar
11. Name of Father,	William Fitzgerald
12. Name of Mother,	Sophia F. Does
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker or other person making the Return,	Sumner Floyd

DATED at Winthrop, on Oct 19" 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registra to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts require by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate o the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hand of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also b approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledg and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by danger ous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be earl enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any perso violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentiet line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - - -	Annie Winthrop Ives
te and Place of Death, -	died at Winthrop Oct 18 1885,
sease or Cause of Death, -	of Malformation of the Heart Duration of Sickness 4 days

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician H. S. Lovell M.D.

Date of Certificate, Jan 4 1886

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Nov 10 "1887.
2. Name,	Elvira A. Evett
(Maiden Name),*	Pendleton
(Name of Husband),*	Frank G.
3. Sex, and whether single,	Female
Married, or Widowed,	Married
4. Color,†	White
5. Age,	36 Years, — Months, — Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	Pneumonia Belfast Me
7. Residence,	Winthrop Mass
8. Occupation,	Housework
9. Place of Death,	Northport Maine
10. Place of Birth,	Jonathan
11. Name of Father,	Eunice
12. Name of Mother,	Northport
13. Birthplace of Father,	Northport
14. Birthplace of Mother,	Northport
15. Place of Interment,	
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Nov 11 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

*me of Deceased,** - - - Elvira Smith

te and Place of Death, - died at Winthrop Mass November 10 1887.

sease or Cause of Death, - of Pneumonia Duration of Sickness One week

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician, H. S. Soule Winthrop

Date of Certificate, Nov 16 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Nov 25" 1887
2. Name, ...	William J Baldwin
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	White
5. Age, ...	55 Years, 5 Months, 9 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Winthrop Mass
8. Occupation, ...	House Painter
9. Place of Death, . . .	Hermon Street
10. Place of Birth, . . .	Malden Mass
11. Name of Father, . .	William
12. Name of Mother, . .	
13. Birthplace of Father, .	Malden Mass
14. Birthplace of Mother, .	Malden Mass
15. Place of Interment, .	Woodlawn Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Winthrop, on Nov 25" 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

*Deceased,** William H. Baldwin

Place of Death, died at Wilmington Nov 25th 1887.

Cause of Death, of Dropsy Duration of Sickness one year

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, H. L. Soule Wilmington

Date of Certificate, Nov 26 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the de of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state th facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial perm the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the decease placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the ca death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the ch of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause o to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon a tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cann good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnis requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dol

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Dec 8th 1887
2. Name,	Annie Pereira
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,†	White
5. Age,	Stillborn Years, Months, Infant Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Winthrop (G. Head)
8. Occupation,	
9. Place of Death,	Crystal Cove Ave
10. Place of Birth,	
11. Name of Father,	Michael Pereira
12. Name of Mother,	Jessie M. Pereira
13. Birthplace of Father,	Gibraltar Sp.
14. Birthplace of Mother,	Boston
15. Place of Interment,	Winthrop Town Cemetery Old Bingle square lot.
Signature of Undertaker ~~or other person~~ making the Return	Sumner Floyd

DATED at Winthrop, on Dec 8th 1887.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

of Deceased,* Anne Pereira

nd Place of Death, died at Winthrop Dec 8

or Cause of Death, - of Stillborn 1887

Duration of Sickness —

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, H. S. Soule Winthrop

Date of Certificate, Dec 21 1887

Of Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the dec of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person d and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he s forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cau death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chai of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon ap tion, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician canno good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnis requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five do

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	January 14" 1888
2. Name,	Ada E. Crosby
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	White
4. Color,†	White
5. Age,	12 Years, 9 Months, ~~Days~~.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	Consumption
7. Residence,	Winthrop Mass
8. Occupation,	
9. Place of Death,	Human Street Charlestown
10. Place of Birth,	Chatham Mass
11. Name of Father,	Everett Crosby
12. Name of Mother,	Abbie D. Crosby
13. Birthplace of Father,	Chatham Mass
14. Birthplace of Mother,	South Boston
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker making the Return,	Lemuel Lloyd

DATED at Winthrop, on Jan 20 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	January 27th 1888
2. Name,	William B. Belcher
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Widower
4. Color,†	White
5. Age,	74 Years, 6 Months, 9 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	Apoplexy
7. Residence,	Winthrop Mass
8. Occupation,	Farmer
9. Place of Death,	Buchanan Street
10. Place of Birth,	Chelsea Mass
11. Name of Father,	Joseph Belcher
12. Name of Mother,	Nancy Belcher
13. Birthplace of Father,	Chelsea Mass
14. Birthplace of Mother,	Chelsea Mass
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Jan 28th 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Commonwealth of Massachusetts.

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	January 27th 1888
2. Name,	William B. Belcher
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Widower
4. Color,†	White
5. Age,	74 Years, 6 Months, 9 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	Apoplexy
7. Residence,	Winthrop Mass
8. Occupation,	Farmer
9. Place of Death,	Buchanan Street
10. Place of Birth,	Chelsea Mass
11. Name of Father,	Joseph Belcher
12. Name of Mother,	Nancy Belcher
13. Birthplace of Father,	Chelsea Mass
14. Birthplace of Mother,	Chelsea Mass
15. Place of Interment,	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Jan 28th 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Commonwealth of Massachusetts.

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Feb 25 1888
2. Name,	Samuel J. Eindlestone
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	13 Years, Months, 19 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	
11. Name of Father,	Samuel F.
12. Name of Mother,	Stewart
13. Birthplace of Father,	
14. Birthplace of Mother,	Canada
15. Place of Interment,	
Signature of Undertaker ~~or other person~~ making the Return,	

DATED at , on 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or regist to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts requir by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the han of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of heal or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowle and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dang ous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be e enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any per violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twent line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Samuel J Biddlestone

Date and Place of Death, - died at Winthrop Feb 25 1888

Disease or Cause of Death, - of Drowning Duration of Sickness —

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Hen S. Soule' M.D

Date of Certificate, Mar 10' 1888

*Or Sex of Infant (not named).

Permission is hereby granted Sumner Floyd to bury the above body H. S. Soule' Chairman of the Board of Health Winthrop

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. [illegible]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 13 1888
2. Name, ...	Frances L. Cordes
(Maiden Name),* .	[illegible]
(Name of Husband),*	[illegible]
3. Sex, and whether single,	Female
Married, or Widowed,	[illegible]
4. Color,†	White
5. Age, ...	37 Years, 1 Months, [illegible] Days.
6. Disease or Cause of Death,	[illegible]
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	[illegible]
8. Occupation, ...	[illegible]
9. Place of Death, . . .	Pleasant Street
10. Place of Birth, . . .	Boston Mass
11. Name of Father, . .	Joseph [illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	Salem Mass
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, . . .	

DATED at [illegible], on May 13 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registr to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts requir by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the han of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of healt or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowled and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dange ous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be ea enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any pers violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentie line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Mrs ~~Fannie~~ Francis L Cordes Age,

Date and Place of Death, - died at Winthrop May 13th 1888.

Disease or Cause of Death, - of Pneumonia Duration of Sickness 11 days

I certify that the above is true, to the best of my knowledge and belief.

me and Residence of Certifying Physician, H. S. Soulé Winthrop

Date of Certificate, June 1 1888.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. #5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 17th 1888
2. Name, ...	Mary M. McDonald
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Female
Married, or Widowed,	
4. Color,†	White
5. Age, ...	12 Years, 5 Months, Days.
6. Disease or Cause of Death, Duration of Sickness, . By whom certified, .	Spinal.
7. Residence, ...	Winthrop Mass
8. Occupation, . . .	At Home
9. Place of Death, . . .	Ocean View Street
10. Place of Birth, . . .	P E Island
11. Name of Father, . .	Alexander McDonald
12. Name of Mother, . .	Agnes McDonald
13. Birthplace of Father, .	P E Island
14. Birthplace of Mother, .	Great Britton
15. Place of Interment, .	Holy Cross Cemetery Malden
Signature of Undertaker ~~or other person making~~ the Return, ...	Sumner Floyd

DATED at Winthrop, on May 18 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Winthrop ~~Boston~~, May 17" 1888.

This Certifies, That Mary H. McDonald

died on the 17 day of May 1888, aged 12 years,

5 months, — days.

CAUSE OF DEATH. } Primary, Caries of Spine Duration 1 year

Secondary, Abscess Duration —

Exhaustion

A. R. Kahn, M.D. Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

No. 6

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	
2. Name, ...	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age, ...	22 Years, Months, Days.
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified, .	
7. Residence, ...	
8. Occupation, ...	
9. Place of Death, . . .	
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker or other person making the Return, ...	

DATED at , on 26 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Susan P. Burrill

Date and Place of Death, - died at Winthrop May 25th 1888.

Disease or Cause of Death, - of Old Age Duration of Sickness —

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician H. L. Locke Winthrop

* Or Sex of Infant (not named).

Date of Certificate, May 26th 1888

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 26 1888
2. Name, ...	[illegible]
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	
4. Color,†	White
5. Age, ...	10 Years, — Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Whitinsville Mass
8. Occupation, ...	
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	Henry A Allen
12. Name of Mother, . .	Azelia H Allen
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	" "
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Whitinsville, on May 27 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

AMENDED.

See Chap. 306, Acts of 1888.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Marion C. Allen Age, 10

Date and Place of Death, - died at Winthrop May 26th 1888

Disease or Cause of Death, - of Inflammation of Brain Duration of Sickness 1 Week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Soule'

Date of Certificate, June 1 1888.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. 33

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 10
2. Name,	[illegible]
(Maiden Name),*	[illegible]
(Name of Husband),*	Leonard Lant
3. Sex, and whether single,	[illegible]
Married, or Widowed,	W
4. Color,†	White
5. Age,	68 Years, — Months, — Days.
6. Disease or Cause of Death,	[illegible]
Duration of Sickness,	[illegible]
By whom certified,	[illegible]
7. Residence,	[illegible]
8. Occupation,	[illegible]
9. Place of Death,	[illegible]
10. Place of Birth,	[illegible]
11. Name of Father,	[illegible]
12. Name of Mother,	[illegible]
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
~~Signature of Undertaker~~ or other person making the Return,	[illegible]

DATED at [illegible], on June 10 18[illegible]

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Winthrop June 10th 1888.

This Certifies that Martha Lamb
aged 68 years. 3 days. died June
10th 1888 of Apoplexy - duration 3 days -

Samuel W Dorgin M.D.
Attending Physician

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 12" 1865
2. Name,	Neil F. Haines
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male.
4. Color,†	White
5. Age,	Years, 4 Months, 21 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Winthrop
8. Occupation,	
9. Place of Death,	Ocean St. House
10. Place of Birth,	Winthrop
11. Name of Father,	Thos. H. Haines
12. Name of Mother,	Josie Haines
13. Birthplace of Father,	England
14. Birthplace of Mother,	England
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Edwin Foye

DATED at Winthrop June 13, 1865

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - Cecil H Haines

Date and Place of Death, - *died at* Winthrop June 12 1888.

Disease or Cause of Death, - *of* Cholera Infantum *Duration of Sickness* Three days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Gould M.D. Winthrop

Date of Certificate, Feb 18th 1889.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease uch person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall eit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk egistrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the s required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and ed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of th shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman he board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death he best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon applica-, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for d and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the uisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

Commonwealth of Massachusetts

RETURN OF A DEATH

To the Clerk of the Town in which the Death occurred

1. Date of Death,

Commonwealth of Massachusetts.

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 16 1888
2. Name, ...	Mary E. Bartlett
(Maiden Name),* .	Mary E. Wyman
(Name of Husband),*	F. W. Bartlett
3. Sex, and whether single,	Female
Married, or Widowed,	Married
4. Color,†	Wh.
5. Age, ...	68 Years, Months, Days.
6. Disease or Cause of Death,	Consumption
Duration of Sickness, .	Four years
By whom certified, .	Caroline Bartlett
7. Residence, ...	Wrentham
8. Occupation, ...	
9. Place of Death, . . .	Wrentham
10. Place of Birth, . . .	Shawhegan
11. Name of Father, . .	Seth Wyman
12. Name of Mother, . .	Jane Wyman
13. Birthplace of Father, .	Bloomfield Me
14. Birthplace of Mother, .	Augusta Me
15. Place of Interment, . .	Shawhegan Me
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Wrentham, on the 16 June 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** Mary E. Bartlett

Date and Place of Death, died at Winthrop June 16th 1888

Disease or Cause of Death, of Phthisis *Duration of Sickness* One year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Swan MD Winthrop

Date of Certificate, Feb 18th 1889.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

NOTICE.—Fill out in Ink.

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, June 20 1888

Name, Daniel J. Donovan Color,† W

Age 1 years 11 Months 20 days

Place of Death } Beale St. Winthrop WARD
Street and No. }

Residence, Same. Sex. M Single, Married

Occupation, Wife of

Birthplace* Boston Widow of

Name of Father, Daniel J. Donovan

Name of Mother, Ellen

Birthplace of Father,* England

Birthplace of Mother,* Gloucester Mass

Cause of Death } Primary, Duration,

Secondary, Duration,

Place of Interment, Malden

Date of Interment or removal, June 21

Undertaker or Informant, J. O'Sullivan

*Insert Town and State.

†State whether white or black.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

Boston, June 20 1888

This Certifies, That Daniel J. Donovan

died on the 20 th day of June 1888, aged 1 years,

11 months, 20 days.

CAUSE OF DEATH. Primary, Tubercular Meningitis Duration 8 days,

Secondary, Convulsions Duration 5 days.

W. H. Granger Physician.

Commonwealth of Massachusetts.

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 23" [illegible]
2. Name, ...	[illegible]
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	
4. Color,†	[illegible]
5. Age, ...	Years, Months, Days.
6. Disease or Cause of Death,	[illegible]
Duration of Sickness, .	drowned in Boston Harbor
By whom certified, .	Med Ex [illegible]
7. Residence, ...	
8. Occupation, ...	
9. Place of Death, . . .	Boston Harbor
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIANS' CERTIFICATE OF THE CAUSE OF DEATH.

Boston, June 23th 1888.

Name of Deceased . . . Unknown (Supposed Florestan L. Davis

Date and Place of Death, . . Boston Harbor

Disease or Cause of Death, . Found drowned

*Duration of

I certify that the above is true, to the best of my knowledge and belief.

ne and Residence, Francis A. Harris

Med. Examiner

agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Secretary's Department, Boston, May 4, 1888.

No. 17

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	
2. Name, ...	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age, ...	Years, 6 Months, Days.
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified, .	
7. Residence, ...	
8. Occupation, ...	
9. Place of Death, . . .	
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker ~~or other person~~ making the Return, ...	

DATED at ..., on 26 18 .

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

No. 13

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 26 / 88.
2. Name,	Herbert G. Freeman
(Maiden Name),*	Smith
3. Sex, and whether single, Married, or Widowed,	Female — Married
4. Color, †	White
5. Age,	74 Years, 7 Months, 19 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Winthrop
8. Place of Death,	Washington Ave,
9. Occupation,	&
10. Place of Birth,	Eastham Mass
11. Name of Father,	Freeman Smith
12. Name of Mother,	Herbert G. "
13. Birthplace of Father,	Orleans Mass.
14. Birthplace of Mother,	Eastham "
15. Place of Interment,	Winthrop
Signature of Undertaker or other person making the Return,	W. E. Bowne

Dated at Winthrop, on June 27 18 88.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

Boston, [illegible] 188

This Certifies, That [illegible]

died on the [illegible] day of [illegible] 188, aged 1 years,

7 months, 19 days.

CAUSE OF DEATH. Primary, Liver Disease and Duration [illegible]

Secondary, probably Ascites Duration [illegible]

H. I. Soulé Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

Commonwealth of Massachusetts.

No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 27th 1888
2. Name, ...	[illegible]
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	[illegible]
Married, or Widowed,	[illegible] 42 Aug 12
4. Color,†	[illegible]
5. Age, ...	1 Years, 10 Months, 15 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Winthrop Mass
8. Occupation, ...	[illegible]
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	—
12. Name of Mother, . .	Agubah [illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Lowell Mass
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Winthrop, on June 28 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Winthrop Mass ~~Boston,~~ June 28th 1888.

This Certifies, That John A. Folsom

died on the 27th day of June 1888, aged 41 years,

10 months, 15 days.

CAUSE OF DEATH. Primary, Bright Disease Duration 2 months

Secondary, ... Duration .....

Edw. N. Peckins Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 7th 1888
2. Name, ...	Clark C Dockham
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Single
Married, or Widowed,	Married
4. Color,†	White
5. Age, ...	2 Years, 8 Months, 6 Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Whitley Mass
8. Occupation, ...	—
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	Boston Mass
11. Name of Father, . .	Fred E Dockham
12. Name of Mother, . .	Hannah A,
13. Birthplace of Father, .	Augusta Maine
14. Birthplace of Mother, .	Augusta Maine
15. Place of Interment, .	Augusta Maine
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Whitley, on July 8 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Winthrop, ~~Boston~~ Mass, July 7" 1888

This Certifies, That Clara May Dockham

died on the 7th day of July 1888, aged 2 years,

8 months, 6 days.

CAUSE OF DEATH. Primary, Hydrocephalus Duration 10 days

Secondary, Duration

J C Jonathan Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

PHYSICIANS' CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 19 1881.

Name of Deceased . . . Thomas Porter

Date and Place of Death, . . July 19 Shirley St Ocean Spray

Disease or Cause of Death, . Phthisis Pulmonalis *Duration of 18 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence, H. H. Grainger 11 Chelsea St E.B.

[illegible] sexton or other person shall [illegible]
ceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

SECRETARY'S DEPARTMENT, BOSTON, May 4, 1888.

This Act takes effect June 3, 1888.

HENRY B. PIERCE

UNDERTAKER'S RETURN TO THE ~~BOARD OF HEALTH, BOSTON.~~

Date of Death, July 11 1888 Name, [illegible]

Maiden Name* Sex. M

Married, single or widow. [illegible] wife of

Color, W Age, 32 years, mos. days. Residence, [illegible]

Place of death, St. and No. Shirley St. Ocean Spray Ward

Place of Birth, Ireland Shirley Occupation, Cook

Name of father, Edm J Porter Name of mother, Mary L

Birthplace of father, Ireland Birthplace of mother, Ireland

Place of interment,† [illegible]

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker, or other person making the return. [illegible]

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 30 1888
2. Name,	Abby F. Williams
(Maiden Name),*	Tufts
(Name of Husband),*	Frederick F.
3. Sex, and whether single,	Female
Married, or Widowed,	Married
4. Color,†	White
5. Age,	76 Years, Months, Days.
Disease or Cause of Death,	
6. Duration of Sickness,	
By whom certified,	
7. Residence,	29 Winthrop St Boston Mass
8. Occupation,	
9. Place of Death,	Winthrop Mass
10. Place of Birth,	Charlestown Mass
11. Name of Father,	Gilbert
12. Name of Mother,	Mary C.
13. Birthplace of Father,	Malden Mass
14. Birthplace of Mother,	Haverhill Mass
15. Place of Interment,	Boston Forest [illegible]
Signature of Undertaker ~~or other person~~ *making the Return*,	

Dated at Winthrop, on July 30 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be obtained enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twenti[illegible] line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Abby T. Williams Age, 75 yrs.

Date and Place of Death, - died at Winthrop Mass, July 30th 1888.

Disease or Cause of Death, - of Structure of Intestines Duration of Sickness One year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Soule' Winthrop Mass

Date of Certificate, July 30 1888.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. 14

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 4th 1888
2. Name,	Winthrop P. Snelling
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	White
5. Age,	5 Years, 2 Months, 21 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Winthrop Mass
8. Occupation,	
9. Place of Death,	Trident Ave O Spray Ocean House
10. Place of Birth,	Winthrop Mass
11. Name of Father,	George L
12. Name of Mother,	Isadore M.
13. Birthplace of Father,	Boston Mass
14. Birthplace of Mother,	Quincy Mass
15. Place of Interment,	Holy Cross Cemetery Malden
Signature of Undertaker ~~or other person~~ making the Return,	Lemuel Floyd

Dated at Winthrop, on Aug 5th 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be easily enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

AMENDED.

See Chap. 306, Acts of 1888.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Boston, Aug. 4 1888.

This Certifies, That Winthrop P. Snelling

died on the 4 day of [illegible] 188 , aged ..... years,

2 months, ... days.

CAUSE OF DEATH. Primary, Cholera Infantum Duration 12 hours

Secondary, ... Duration .....

Isaac Lewis Physician.

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

PHYSICIANS' CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 16. 1888

Name of Deceased . . . Jennie E. Hayes

Date and Place of Death, . . Aug 12, 1888 Sea Shore Home Winthrop

Disease or Cause of Death, . Intestinal Catarrh *Duration of* 2 weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence, Addison S. Thayer, M.D.
Sea Shore Home, Winthrop.

taker, sexton of any [illegible]
ceased person until he has received a permit so to do from the board of health or its duly appointe
agent, or, if there is no board of health in such city or town, from the city or town clerk. N
such permit shall be issued until there has been delivered to such board, or agent or clerk, as th
case may be, a satisfactory written statement containing the facts required by this chapter to
returned and recorded, together with the certificate of the attending physician, if any, as require
by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If the
is no attending physician, or if the certificate of the attending physician cannot be obtained, f
good and sufficient reasons, early enough for the purpose, the chairman of the board of health
any physician employed by a city or town for the purpose shall, upon request of said board, agr
or clerk, make such certificate as is required of the attending physician; and in case of death
violence, the medical examiner shall, if requested, make the same. When such satisfacto
statement and certificate are delivered to the board of health or to its agent, the board or ag
shall forthwith countersign and transmit the same to the clerk or register for registration.
person to whom the permit is so given shall thereafter furnish for registration any other informa
as to the deceased or to the manner and cause of the death, as the clerk or registrar may req
Any person violating any of the provisions of this section shall be punished by a fine not exceed
fifty dollars. [*Approved May 4, 1888.*

SECRETARY'S DEPARTMENT, BOSTON, May 4, 188

This Act takes effect June 3, 1888.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, Aug 1st 1888 Name, Jennie G. Myers

~~Maiden~~ Name* Sex, Female

~~Married, single or widow,~~ ~~wife of~~

Color, W. Age, years, 1 mos. ~~days.~~ Residence, 173 Cambridge St.

Place of death, St. and No. Sea Shore Home Winthrop Ward

Place of Birth, Boston Father's Occupation, Marble fitter

Name of father, William S. Name of mother, Annie F.

Birthplace of father, Boston Birthplace of mother, Ireland

Place of interment,† Holy Cross R.C. Cem. Malden

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker, or other person making the return. } Jas. Mullen

84 Charlestown St. Boston

[CHAPTER 366.]

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body

Commonwealth of Massachusetts.

No. 15

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 18 1888
2. Name, ...	Edwin F. Dunham
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male - Married
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	30 Years, 6 Months, 20 Days.
6. Disease or Cause of Death,	Typhoid Fever
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Locust Street
8. Occupation, ...	Builder
9. Place of Death, . . .	Winthrop Mass
10. Place of Birth, . . .	Boston Mass
11. Name of Father, . .	Ezra R. Dunham
12. Name of Mother, . .	Mercy A. Dunham
13. Birthplace of Father, .	Abington Mass
14. Birthplace of Mother, .	Maine
15. Place of Interment, .	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Summer Floyd

DATED at Winthrop, on Aug 19 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

AMENDED

See Chap. 306, Acts of 1888.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Edwin F. Durkee Age,

Date and Place of Death, - died at Winthrop August 18th 1888.

Disease or Cause of Death, - of Typhoid Fever Duration of Sickness Two weeks.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S. Seull M.D. Winthrop

Date of Certificate, Jan 9th 1889.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or tov the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 24 = 1888
2. Name, ...	John Portlock
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	— Years, 11 Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Boston Mass
8. Occupation, ...	—
9. Place of Death, . . .	[illegible] Winthrop
10. Place of Birth, . . .	Montreal Canada
11. Name of Father, . .	Henry
12. Name of Mother, . .	Emma Ellen
13. Birthplace of Father, .	England
14. Birthplace of Mother, .	England
15. Place of Interment, .	Temporary Deposit in [illegible]
Signature of Undertaker ~~or other person~~ making the Return, . .	Sumner Floyd

DATED at Winthrop, on Aug 24 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

*Name of Deceased,** - - - John Portlock

Date and Place of Death, - died at Sea Shore Home, Winthrop, Aug. 23 1885.

Disease or Cause of Death, - of Broncho-Pneumonia *Duration of Sickness* 5 days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Addison L. Thayer, M.D., Winthrop

Date of Certificate, Aug. 24 1885.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

Commonwealth of Massachusetts.

No. 22

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sept. 3/88.
2. Name,	Hannah W. Adams
(Maiden Name),*	Skinner
3. Sex, and whether single, Married, or Widowed,	Female Widow
4. Color, †	W.
5. Age,	65 Years, ... Months, ... Days.
6. Disease or Cause of Death, — First or Primary	
Secondary (if any)	
By whom certified	
7. Residence,	Winthrop
8. Place of Death,	Sunny Side "
9. Occupation,	
10. Place of Birth,	Bunly Mass.
11. Name of Father,	Glover
12. Name of Mother,	Lydia
13. Birthplace of Father,	Bunly
14. Birthplace of Mother,	Marblehead
15. Place of Interment,	Medford
Signature of Undertaker ~~or other person~~ making the Return,	J. E. Brown

DATED at Winthrop, on Sept. 4 1888.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Boston, Sept 4 1888.

This Certifies, That Hannah W. Adams

did on the 3 day of Sept 1888, aged 65 years,

..... months, ... days.

CAUSE OF DEATH. Primary, ... Duration .....

Secondary, Dropsy Duration One year

H. I. Soule Physician.

Sunny Side

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

No. 17

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 27" 1888.
2. Name, ...	Edwina Cutter.
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Female (Blue Babe)
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	~~Years~~ Blue Babe ~~Months~~ ~~Days.~~
6. Disease or Cause of Death,	
Duration of Sickness, .	Stillborn
By whom certified, .	
7. Residence, ...	Winthrop Mass
8. Occupation, ...	—
9. Place of Death, . . .	Winthrop [illegible]
10. Place of Birth, . . .	Winthrop [illegible]
11. Name of Father, . .	Edward F. Cutter
12. Name of Mother, . .	Emma [illegible] Cutter
13. Birthplace of Father, .	Medford Mass
14. Birthplace of Mother, .	[illegible] Mass
15. Place of Interment, .	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Summer Floyd

DATED at Winthrop, on Sept 29 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

AMENDED.
See Chap. 306, Acts of 1888.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

No. 18

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 30 " 1888
2. Name, ...	[illegible]
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	White
5. Age, ...	64 Years, — Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	Two months
By whom certified, .	Dr B. F. [illegible]
7. Residence, ...	Winthrop [illegible]
8. Occupation, ...	Coal Business
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	New [illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	Sophia "
13. Birthplace of Father, .	Unknown
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	Winthrop [illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at Winthrop, on Sept 30 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded, and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

AMENDED.

See Chap. 306, Acts of 1888.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

No. 19 Commonwealth of Massachusetts. to Revere Town Dept

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept. 30" 1888
2. Name, ...	Frances F. Wilbourn
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Female
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	Years, 6 Months, 8 Days.
6. Disease or Cause of Death, Duration of Sickness, . By whom certified, .	Da Cummings
7. Residence, ...	Beachmont Revere
8. Occupation, ...	—
9. Place of Death, . . .	Crescent Avenue
10. Place of Birth, . . .	Beachmont Revere
11. Name of Father, . .	Joseph C.
12. Name of Mother, . .	Mary
13. Birthplace of Father, .	Boston Mass.
14. Birthplace of Mother, .	Eastport Maine
15. Place of Interment, .	Mill Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Revere, on Oct 2 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct 10th 1888.

Name of Deceased . . . Mary Campbell

Date and Place of Death, . . Oct 10th 1888, Winthrop Mass

Disease or Cause of Death, . Phthisis Pulmonalis *Duration of three years

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence, W Bell Michael

4 Saratoga St E Boston

No. 2

taker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Secretary's Department, Boston, May 4, 1888.

This Act takes effect June 3, 1888.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, Oct 10th 1888. Name, Mary Campbell

Maiden Name* Mary McDonald Sex. Female

Married, single or widow of, Married wife of Daniel Campbell.

Color, W. Age, 49 years, — mos. — days. Residence, Winthrop

Place of death, St. and No. Faulkner St Ward

Place of Birth, Cape Breton N.S. Occupation, Housewife

Name of father, Daniel McDonald Name of mother, Margaret McD.

Birthplace of father, Cape Breton N.S. Birthplace of mother, Cape Breton N.S.

Place of interment,† Mt Calvary.

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker, or other person making the return. Frank A. Maloney

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: *Section 5.* No under-

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston,~~ Winthrop Mass. Oct. 14 1888

Name of Deceased . . . Abner Dean Snow

Date and Place of Death, . . Winthrop Mass.

Disease or Cause of Death, . Typhoid Fever *Duration of about 6 weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence, B. F. Campbell M. D. 33 Princeton Street E. Bo

taker, sexton or other person shall bury [illegible]
ceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician: and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

[illegible] May 4, 1888.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, Oct 11 1888 Name, Abner Doane Lewis

Maiden Name* . Sex, Male.

Married, ~~single~~ ~~or widow~~ of. ~~wife of~~

Color, White Age, 31 years, mos. days. Residence, Winthrop Mass

Place of death, St. and No. North Ave Winthrop. Ward.

Place of Birth, Boston. Occupation, Pilot

Name of father, Joseph. Name of mother, Francis Lewis

Birthplace of father, Boston. Birthplace of mother, Deer Island

Place of interment, † Woodlawn

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker, or other person making the return. Benj. F. Smith

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased . . . George Vieira ~~Boston,~~ Winthrop Oct 17 1888

Date and Place of Death, . . Oct. 17th Winthrop Mass. (Sunnyside Ave)

Disease or Cause of Death, . . Still born ~~a child~~ after came unknown to me.

Duration of Immediately

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence, William H. Hale East Boston Mass.

taker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Secretary's Department, Boston, May 4, 1888.

This Act takes effect June 3, 1888.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, Oct 19th 1888 *Name,* George Vieira

*Maiden Name** — — *Sex,* M.

~~*Married*~~, *single* ~~*or widow*~~ *of,* *wife of*

Color. W. *Age,* — *years,* — *mos.* 5 ~~*days.*~~ minutes *Residence,* Winthrop Mass

Place of death. St. and No. Sunny side Ave *Ward*

Place of Birth, Winthrop *Occupation,* Fisherman

Name of father, Antone *Name of mother,* Rosa

Birthplace of father, Picko *Birthplace of mother,* Fayal

Place of interment,† Holy Cross

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker, or other person making the return. Geo. J. Murphy

[CHAPTER 396.]

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

No. 20

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Nov 12" 1888
2. Name,	Geo. Cleaveland Walbourn
(Maiden Name),*	—
(Name of Husband),*	—
3. Sex, and whether single,	— Male
Married, or Widowed,	
4. Color,†	White
5. Age,	Years, 7 Months, 21 Days.
Disease or Cause of Death,	
6. Duration of Sickness,	Spinal Meningitis
By whom certified,	
7. Residence,	Crescent Ave [illegible]
8. Occupation,	—
9. Place of Death,	Crescent Av. [illegible]
10. Place of Birth,	" " "
11. Name of Father,	Joseph C.
12. Name of Mother,	Mary
13. Birthplace of Father,	[illegible] Mass
14. Birthplace of Mother,	Eastport Maine
15. Place of Interment,	[illegible] [illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

DATED at [illegible], on Nov 13' 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Commonwealth of Massachusetts.

No. 21

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	November 19th 1888
2. Name, ...	D. Walter Flaney
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male (Married)
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	38 Years, — Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Winthrop Mass
8. Occupation, ...	Real Estate Agent
9. Place of Death, . . .	Cherry Street
10. Place of Birth, . . .	East Boston
11. Name of Father, . .	David H. Flaney
12. Name of Mother, . .	Myra L. Blaney
13. Birthplace of Father, .	Marblehead
14. Birthplace of Mother, .	Point Shirley
15. Place of Interment, .	Winthrop Cemetery
Signature of Undertaker ~~*or other person*~~ *making the Return*, ...	Sumner Floyd

DATED at Winthrop, on November 20 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or regis to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts requ by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificat the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the ha of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of hea or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowl and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dan ous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any pe violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twen line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

ame of Deceased,* - - - C. Walter Blaney

ate and Place of Death, - died at Winthrop November 19th 1888

isease or Cause of Death, - of Cirrhosis Duration of Sickness Unknown

I certify that the above is true to the best of my knowledge and belief.

ame and Residence of Certifying Physician, H. S. Soule M.D. Winthrop

Date of Certificate, Nov 20th 1888.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 22

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	November 30 1886.
2. Name,	Jennie M. Gardiner
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,†	White
5. Age,	17 Years, 6 Months, Days.
6. (Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	[illegible]
8. Occupation,	At home
9. Place of Death,	[illegible]
10. Place of Birth,	[illegible]
11. Name of Father,	Charles L. Gardiner
12. Name of Mother,	Addie B. Gardiner
13. Birthplace of Father,	[illegible]
14. Birthplace of Mother,	[illegible]
15. Place of Interment,	[illegible]
Signature of Undertaker ~~or other person~~ making the Return,	[illegible]

Dated at [illegible], on December 1886.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or regist to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts requi by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the ha of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of hea or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowle and belief if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dan ous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be e enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any per violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

AMENDED.

See Chap. 306, Acts of 1888

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twent line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Jennie M. Gardiner Age, 17 yr 6 mos.

Date and Place of Death, - died at Winthrop (Centre St) Nov 30 1888.

Disease or Cause of Death, - of Ulceration of Intestines Duration of Sickness One year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Lordi Winthrop

Date of Certificate, Dec 1st 1888.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

(30

☞ *To be Reported before interment.*

RETURN OF A DEATH TO THE ~~BOARD OF HEALTH~~ Town Clerk

CITY HALL, CHELSEA.

Date of Death, Dec 9th 188 8

Name, Almire L Davoe Color, White

Age, 55 years, 2 months, days.

Residence, (St. & No.) Shirley St

Sex, whether ~~single~~, married or ~~widowed~~,

Occupation,

Birthplace, Buffalo N. Y.

Names of Parents, David N

Wife or Widow of,

Birthplace of Father, Stonington

Birthplace of Mother, Do

Place of Interment, Bristol

Undertaker or Informant, H H Carter

Chelsea, Mass., Dec 2 1888

This Certifies, That Almira L Dove

died on the 2 day of Dec 1886, aged 56 years,

2 months, days.

CAUSE OF DEATH. { Primary, Dropsy Duration, One Year
Secondary, Duration,

H. L Soule Physician.

Commonwealth of Massachusetts.

No. 23

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 15 [illegible]
2. Name, ...	Edna May [illegible]
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	F
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	— Years, — Months, — Days.
Disease or Cause of Death,	—
6. Duration of Sickness, .	[illegible]
By whom certified, .	—
7. Residence, ...	[illegible]
8. Occupation, ...	—
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	" "
11. Name of Father, . .	Fred [illegible]
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	Arlington
15. Place of Interment, .	Pine [illegible]
Signature of Undertaker ~~or other person~~ *making the Return*, ...	[illegible]

DATED at [illegible], on Dec [illegible] 18[illegible]

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

AMENDED.

See Chap. 306, Acts of 1888.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twenty-first line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Fred L Noyes

*Name and Age of Deceased,** Stillborn Infant *Age.*

Date and Place of Death, - *died at* Winthrop Dec 15th 1888.

Disease or Cause of Death, - *of* Still Born *Duration of Sickness*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Locke MD Winthrop

Date of Certificate, Dec 17th 1888.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December, 23d 1888
2. Name, ...	Maria Cook.
(Maiden Name),* .	Maria Cook.
(Name of Husband),*	Samuel Cook.
3. Sex, and whether single,	Female
Married, or Widowed,	Widowed.
4. Color,†	White
5. Age, ...	76 Years, 6 Months, 23 Days.
6. Disease or Cause of Death,	Blood Poison [illegible]
Duration of Sickness, .	Two years.
By whom certified, .	C A Rollins M D
7. Residence, ...	Winthrop
8. Occupation, ...	
9. Place of Death, . . .	Winthrop [illegible]
10. Place of Birth, . . .	Provincetown Mass
11. Name of Father, . .	Joshua Cook
12. Name of Mother, . .	Elizabeth Cook.
13. Birthplace of Father, .	Provincetown Mass
14. Birthplace of Mother, .	Truro Mass.
15. Place of Interment, .	Provincetown Mass
Signature of Undertaker ~~or other person~~ *making the Return*, ...	Sumner Floyd

DATED at Winthrop, on Dec 23" 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded, and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

AMENDED.

See Chap. 306, Acts of 1888.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Duplicate

Winthrop ~~Boston~~, Dec 24 " 1888

This Certifies, *That* Maria Cook

died on the 23d *day of* Dec 1888, *aged* 76 *years,*

6 *months,* 23 *days.*

CAUSE OF DEATH. { *Primary,* ..... *Duration* .....

Secondary, Gangrene of Foot *Duration* 14 Months

C. A. Rollins M.D. *Physician.*

Rockwell & Churchill, City Printers, 39 Arch Street, Boston.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Jan 4 1890
2. Name, ... Rose Mitchell
   (Maiden Name),* .
   (Name of Husband),*
3. Sex, and whether single, Female
   Married, or Widowed,
4. Color,† . . . . . White
5. Age, ... Years, 6 Months, — Days.
   (Disease or Cause of Death,
6. Duration of Sickness, .
   (By whom certified, .
7. Residence, ... Pittsfield,
8. Occupation, ...
9. Place of Death, . . . Pittsfield
10. Place of Birth, . . . Pittsfield
11. Name of Father, . . [illegible]
12. Name of Mother, . . [illegible]
13. Birthplace of Father, . [illegible]
14. Birthplace of Mother, . [illegible]
15. Place of Interment, . [illegible]

Signature of Undertaker or other person making the Return, ... [illegible]

Dated at Pittsfield, on Jan 5 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

PHYSICIAN'S CERTIFICATE.

* and Age of Deceased,*	Lora M Baker	Age, 4 mo 1
and Place of Death, -	died at Winthrop - Jan 4th	1890
se or Cause of Death, -	of Membranous Croup Duration of Sickness	One week

I certify that the above is true, to the best of my knowledge and belief.

nd Residence of Certifying Physician, H S. Soule Winthrop

Date of Certificate, Jan 4th 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 20 1895
2. Name, ...	Harold Carter
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	White
5. Age, ...	1 Years, — Months, ~~1~~ Days.
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified. .	
7. Residence, ...	[illegible]
8. Occupation, ...	[illegible]
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	Emma C. Carter
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible] . on Jan 21 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Harold Cutter Twelve hours Age,

Date and Place of Death, - *died at* Winthrop "Wash Ave" January 20" 1890

Disease or Cause of Death, - *of* Malformation of the Heart *Duration of Sickness*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Leeds Winthrop

Date of Certificate, Jan 20 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	Jan 26 1890
2. Name, ...	Pliny B. Small
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	White
5. Age, ...	76 Years, ~ Months, ~ Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Wint[illegible] Mas
8. Occupation, ...	Painter
9. Place of Death, . . .	[illegible] Ave
10. Place of Birth, . . .	Brewster
11. Name of Father, . .	Eldridge
12. Name of Mother, . .	
13. Birthplace of Father, .	Brewster
14. Birthplace of Mother, .	Brewster
15. Place of Interment, .	[illegible] Chatham
Signature of Undertaker ~~or other person~~ *making the Return*, ...	[illegible]

DATED at Hartford, on Jan 26 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Pliny B. Small Age, 76 years

Date and Place of Death, - died at Winthrop Mass. Jan 26" 1890

Disease or Cause of Death, - of Old Age Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Soule' Winthrop

*Or Sex of Infant (not named).

Date of Certificate, Jan 26 18 90

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . . Mar 6' 18
2. Name, ... Mary
   (Maiden Name),* . Foster
   (Name of Husband),* [illegible]
3. Sex, and whether single, Married, or Widowed, [illegible]
4. Color,† . . . . . [illegible]
5. Age, ... 79 Years, 6 Months, [illegible] Days.
6. (Disease or Cause of Death, [illegible]
   Duration of Sickness, . [illegible]
   (By whom certified, . [illegible]
7. Residence, ... [illegible]
8. Occupation, ... [illegible]
9. Place of Death, . . . [illegible]
10. Place of Birth. . . . [illegible]
11. Name of Father, . . [illegible]
12. Name of Mother, . . [illegible]
13. Birthplace of Father, . [illegible]
14. Birthplace of Mother. . [illegible]
15. Place of Interment, . [illegible]

Signature of Undertaker or other person making the Return, ... [illegible]

DATED at [illegible] . on [illegible] 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Mrs Mary Rich Age, 79 y 6 mos

Date and Place of Death, - died at Winthrop Mass March 6th 1890

Disease or Cause of Death, - of Fracture of the Thigh Duration of Sickness about 1 month

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Chas A Eastman

Winthrop Mass

Date of Certificate, March 8th 1890

*Or Sex of Infant (not named).

[May, 1888.]

[Ed.—10 M—Oct. 9, 1889.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Mch. 8" 1890
2. Name, ...	Hannah Roberts
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single, Married, or Widowed.	—
4. Color,†	W.
5. Age, ...	Years. Still born Months. Infant Days.
Disease or Cause of Death,	
6. Duration of Sickness. .	
By whom certified, .	
7. Residence, ...	Winthrop
8. Occupation, ...	Mason
9. Place of Death, . . .	Ocean View [illegible]
10. Place of Birth, . . .	Winthrop, Mass.
11. Name of Father, . .	Hugh W. Roberts
12. Name of Mother, . .	Margaret [illegible]
13. Birthplace of Father, .	England
14. Birthplace of Mother. .	England
15. Place of Interment. .	Winthrop Town Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Summer Floyd

DATED at Winthrop, on Mch 8" 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Stillborn (M. H. Roberts) Age,

Date and Place of Death, - died at Ocean View Street March 6 1890

Disease or Cause of Death, - of Stillborn Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. L. Smith

*Or Sex of Infant (not named).

Date of Certificate, March 26 1890.

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	March 10th 1890		
2. Name, ...	Walter Wilkie		
(Maiden Name),* .			
(Name of Husband),*			
3. Sex, and whether single, Married, or Widowed,	Married		
4. Color,†			
5. Age, ...	Years,	Months,	Days.
Disease or Cause of Death,	76	11	4
6. Duration of Sickness. .	Heart failure.		
By whom certified. .	death undertaken		
7. Residence, ...	Winthrop		
8. Occupation, ...	Clergyman		
9. Place of Death, . . .	Winthrop		
10. Place of Birth. . . .	Warwick Ct		
11. Name of Father. . .	— Wilkie		
12. Name of Mother, . .	— Slattery		
13. Birthplace of Father. .	Warwick Ct Scotch origin		
14. Birthplace of Mother. .	Warwick Ct Irish origin		
15. Place of Interment. .	Winthrop Cemetery		

Signature of Undertaker or ~~other person~~ making the Return. . . . . [illegible]

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Walter Wilkie Age, 76 Years

Date and Place of Death, - died at Winthrop March 10 " 1890

Disease or Cause of Death, - of Heart Disease Duration of Sickness One Year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Soule Winthrop

Date of Certificate, March 10 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 15th 1870
2. Name,	Winfield S. Burrill
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color,†	White
5. Age,	41 Years, — Months, — Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified,	
7. Residence,	Winthrop Mass
8. Occupation,	Farmer
9. Place of Death,	Boston [illegible]
10. Place of Birth,	[illegible]
11. Name of Father,	Ebenezer Burrill
12. Name of Mother,	Mary E. Burrill
13. Birthplace of Father,	Chelsea
14. Birthplace of Mother,	Chelsea
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ *making the Return*,	Sumner Floyd

DATED at Winthrop, on March 16th 1870

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Acts of 1888, Chap. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Winfield S. Burrill Age, 41 yrs

Date and Place of Death, - died at Winthrop March 15" 1890

Disease or Cause of Death, - of Consumption Duration of Sickness One Year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S Soule Winthrop

*Or Sex of Infant (not named).

Date of Certificate, Mar 20 1890

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 16-90
2. Name,	Eloise E. Appleton
(Maiden Name),*	Eloise E. Crocker
3. Sex, and whether single, Married, or Widowed.	Female Married
4. Color, †	White
5. Age,	42 Years, 0 Months, 22 Days.
6. Disease or Cause of Death, First or Primary	Consumption
Secondary (if any)	
By whom certified	
7. Residence,	Reed St Winthrop
8. Place of Death,	Winthrop
9. Occupation,	
10. Place of Birth,	Provincetown Mass
11. Name of Father,	Georg Crocker
12. Name of Mother,	Elizabeth Crocker
13. Birthplace of Father,	Provincetown
14. Birthplace of Mother,	Provincetown
15. Place of Interment,	Cohasset
Signature of Undertaker or other person making the Return,	W E [illegible]

DATED at Winthrop, on Mar 16 1890.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Elvira E. Appleton Age, 42

Date and Place of Death, - died at Reed St Winthrop Mass March 16 1890.

Disease or Cause of Death, - of Phthisis. Duration of Sickness 6 months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, W Burmichael 5 Boston

Date of Certificate, March 17 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . March 18" 1890
2. Name, ... Sidney G. McNeil
   (Maiden Name),* . ——
   (Name of Husband),* ——
3. Sex, and whether single, Male
   Married, or Widowed, ——
4. Color,† . . . . . White
5. Age, ... — Years. 8 Months. 2 Days.
6. Disease or Cause of Death,
   Duration of Sickness, .
   By whom certified, .
7. Residence, ... Winthrop Mass
8. Occupation, ... ——
9. Place of Death, . . . Fremont Street
10. Place of Birth, . . . Winthrop
11. Name of Father, . . William G
12. Name of Mother, . . Lillian W.
13. Birthplace of Father, . New Bedford
14. Birthplace of Mother, . Marion
15. Place of Interment, . Winthrop Tom Rec Tomb

Signature of Undertaker ~~or other person~~ making the Return. . . . . Sumner Floyd

DATED at Winthrop, on Mch 19 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Funeral Thursday 12 M

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*ıe and Age of Deceased,** Sidney F McNeil Age, 8 mos

e and Place of Death, - died at Winthrop March 18 1889.

ıse or Cause of Death, - of Convulsions Duration of Sickness Three Weeks

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, H. S Leslie Winthrop

Date of Certificate, March 20 1889.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Mary Mullen Age, 3 Years

Date and Place of Death, - died at Whitinsville March 19 1890

Disease or Cause of Death, - of Pneumonia Duration of Sickness One Week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician Chas A Eastman Whitinsville

Date of Certificate, March 19 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—~~Boston.~~ Winthrop Mch 20

Date of death, March 19 1890 Name, Mary Mullen

Maiden name,* Sex, Female

~~Married~~, single, ~~or widow~~ of —— wife of ——

Color, W Age, 3 years, — mos., — days. Residence, Winthrop Mass

Place of death (street and number), Cottage Ave ward

Place of birth, Boston Occupation,

Name of father, Peter Name of mother, Mary A.

Birthplace of father, Ireland Birthplace of mother, Erie Pa

Place of interment,† Boston

* If a married woman or a widow. † Give the name of the burial ground.

Signature of undertaker, or other person making the return. W R Costello

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 19" 1890
2. Name, ...	Clara U. Chase
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Female
Married, or Widowed,	
4. Color,†	White
5. Age.	5 Years. 10 Months, — Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	Dr [illegible]
By whom certified, .	
7. Residence, ...	Winthrop Mass
8. Occupation, ...	
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	645 [illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . .	Elvira A.
13. Birthplace of Father. .	West Newbury [illegible]
14. Birthplace of Mother. .	Surry Maine
15. Place of Interment, .	Temple Depot [illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at Winthrop, on March 20" 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Clara W Chase Age, Five

Date and Place of Death, - died at Winthrop (Buchanan Street) Feb 19th 1890

Disease or Cause of Death, - of Peritonitis Duration of Sickness Two Weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. F. Lewis Winthrop

Date of Certificate, March 19th 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No.....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Mar. 27' 1890.
2. Name,	Josephine Patch
(Maiden Name),*	Tewksbury
3. Sex, and whether single, Married, or Widowed,	Female — Widow
4. Color, †	White
5. Age,	39 Years, Months, Days.
6. Disease or Cause of Death, First or Primary	Heart failure
Secondary (if any)	
By whom certified	C. A. Eastman
7. Residence,	Winthrop
8. Place of Death,	Woodside Ave.
9. Occupation,	Housewife
10. Place of Birth,	
11. Name of Father,	John Tewksbury
12. Name of Mother,	Elizabeth
13. Birthplace of Father,	Winthrop Mass.
14. Birthplace of Mother,	Brookfield N. H.
15. Place of Interment,	Malden Mass.
Signature of Undertaker or other person making the Return,	W. E. Brown

DATED at Winthrop, on Mar. 27' 1890.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Josephine Patch *Age,* 39

Date and Place of Death, - *died at* Winthrop March 27 1890

Disease or Cause of Death, - *of* Heart failure *Duration of Sickness* 3 days

I certify that the above is true, to the best of my knowleage and belief.

Name and Residence of Certifying Physician, Chas A Eastman

Date of Certificate, March 29 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Mar 30th 1890

Name and age of deceased: — *Age* — *yrs.* ... *mos.* ... *dys.*

Date and place of death: Found Great Head. (F.)

Disease or cause of death: Still Born

Duration of disease: ...

I certify that the above is true, to the best of my knowledge and belief.

Name and residence of physician. F. A. Harris *M. D.*

Med. Examiner

*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10.30 A. M. till 2 P. M.; Holidays, from 10.30 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.

UNDERTAKER'S RETURN.—Boston.

Date of death, Found between Great Head + Point Shirley on the beach ~~189~~ ~~Name~~, March 30/1892

Maiden name,* ——— Sex, Female

Married, single, or widow of ——— wife of ———

Color, W ~~Age, years, mos., days~~. Residence, ———

Place of death (street and number), Unknown ward ———

Place of birth, ——— Occupation, ———

Name of father, ——— Name of mother, ———

Birthplace of father, ——— Birthplace of mother, ———

Place of interment,† Winthrop Cemetery,

*If a married woman or a widow. †Give the name of the burial ground.

Signature of undertaker, ~~or other person~~ making the return. Sumner Floyd

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

(Type E)

1. Date of Death, . . .	May 11 1890
2. Name, ...	Still Born Infant
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed.	
4. Color,†	White
5. Age, ...	~~Years, Months, Days.~~
Disease or Cause of Death,	Stillborn
6. Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Shirley Co Tuckaby St
8. Occupation, ...	
9. Place of Death, . . .	~~Shirley Co Tuckaby St~~
10. Place of Birth, . . .	" " "
11. Name of Father, . .	Anson Stiller
12. Name of Mother, . .	Susan " "
13. Birthplace of Father, .	Fitzwilliam N H
14. Birthplace of Mother, .	Boston Mass
15. Place of Interment, .	Fitzwilliam N H
Signature of Undertaker or other person making the Return, ...	Sumner Floyd

DATED at Winthrop, on May 11 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 17 - 1896
2. Name, ...	George C. Lincoln
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Male, Single
4. Color, †	White
5. Age, ...	23 Years, 3 Months, 10 Days.
6. Disease or Cause of Death, — First or Primary	Consumption
Secondary (if any)	
By whom certified	
7. Residence, ...	Winthrop
8. Place of Death, . . .	Road St Winthrop
9. Occupation, ...	Salesman
10. Place of Birth, . . .	North Conasset Mass
11. Name of Father, . . .	David B. Lincoln
12. Name of Mother, . . .	Elsie E. Lincoln
13. Birthplace of Father, .	Hingham
14. Birthplace of Mother, .	Provincetown
15. Place of Interment, . .	Conasset Mass
Signature of Undertaker ~~or other person~~ making the Return, ...	Wm E Brown

DATED at 17, on May 1896

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** George C Lincoln *Age,* 23

Date and Place of Death, - *died at* Winthrop May 17 1890

Disease or Cause of Death, - *of* Phthisis *Duration of Sickness* Six months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Chas A Eastman

Date of Certificate, May 18 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . May 28th 1890
2. Name, ... Alice I. Burrage
   (Maiden Name),* . Belcher
   (Name of Husband),* Charles V
3. Sex, and whether single, Female
   Married, or Widowed, Married
4. Color,† . . . . . White
5. Age, ... 31 Years, 10 Months, — Days.
6. Disease or Cause of Death,
   Duration of Sickness, .
   By whom certified, .
7. Residence, ... Winthrop
8. Occupation, ... —
9. Place of Death, . . . Winthrop [illegible]
10. Place of Birth, . . . Winthrop
11. Name of Father, . . Warren
12. Name of Mother, . . Bethiah
13. Birthplace of Father, . Chelsea
14. Birthplace of Mother, . Chatham
15. Place of Interment, . Winthrop

Signature of Undertaker or other person making the Return, . . . [illegible]

DATED at Winthrop, on May 28 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

...me and Age of Deceased,*	Alice Burroge Age, 32
...e and Place of Death, -	died at Winthrop May 27 1890
...isease or Cause of Death, -	of Peritonitis Duration of Sickness one month

I certify that the above is true, to the best of my knowledge and belief.

...ame and Residence of Certifying Physician, Charles A Eastman.

Date of Certificate, June 20 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 9" 1890
2. Name, ...	Eliza A. Sunderland.
(Maiden Name),* .	Wm " Pickering.
(Name of Husband),*	Wm " Sunderland
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,†	White.
5. Age, ...	80. Years. X Months. X Days.
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified, .	
7. Residence, ...	94. Shawmut St Chelsea Mass
8. Occupation, ...	
9. Place of Death, . . .	Newbury N.H.
10. Place of Birth, . . .	Pickering
11. Name of Father, . .	
12. Name of Mother, . .	Portsmouth N.H.
13. Birthplace of Father. .	Chelsea Mass
14. Birthplace of Mother. .	
15. Place of Interment, .	
Signature of Undertaker or other person making the Return, ...	James Lynde Jr.

DATED at Chelsea, on 10th June 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or from its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, satisfactory enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Boston June 10th 1870

This Certifies that

Elijah Sunderland. age. 80 years

died at Winthrop. June 9th 1870

Cause of death

Misadventure

Drowning

Francis A. Harris

Med. Examr.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 19th 1890
2. Name, ...	Edward [illegible]
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	married
4. Color.†	White
5. Age, ...	58 Years, — Months, — Days.
6. Disease or Cause of Death,	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Winthrop
8. Occupation, ...	[illegible]
9. Place of Death, . . .	Winthrop
10. Place of Birth, . . .	Boston
11. Name of Father, . .	Edward
12. Name of Mother, . .	[illegible]
13. Birthplace of Father, .	Boston
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	[illegible]
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at Winthrop, on June 19 18[illegible]

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Edward G Loring Age, 88 years

Date and Place of Death, - died at Winthrop June 19 188 90

Disease or Cause of Death, - of of Old age Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Ob. S Soule Winthrop

Date of Certificate, June 20 188 90

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 11th 1890
2. Name, ...	Daniel Duncan
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	
4. Color,†	White
5. Age, ...	Years, 3 Months, Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Boston
8. Occupation, ...	
9. Place of Death, . . .	Sea Shore Home Winthrop
10. Place of Birth, . . .	19 Meander Street Boston
11. Name of Father, . .	Daniel Duncan
12. Name of Mother, . .	Lottie Duncan
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	England
15. Place of Interment, .	Holy Cross Cemetery Malden
Signature of Undertaker ~~or other person~~ making the Return.	Sumner Floyd

DATED at Winthrop, on July 12" 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** David Denieen — *Age,* 12 weeks

Date and Place of Death, - *died at* Winthrop, Mass. July 11 1890.

Disease or Cause of Death, - *of* Infantile Atrophy *Duration of Sickness* 12 weeks -

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, James M. Jackson - Sea Shore Home Winthrop Mass -

Date of Certificate, July 11 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 23 '1890.
2. Name, ...	Abram A. Pearson
(Maiden Name),* . .	
3. Sex, and whether single, Married, or Widowed,	Male — Married
4. Color, †	White
5. Age, ...	64 Years, ... Months, ... Days.
6. Disease or Cause of Death, { First or Primary / Secondary (if any) / By whom certified }	
7. Residence, ...	Winthrop
8. Place of Death, . . .	73 Bowdoin St.
9. Occupation, ...	Cutter
10. Place of Birth, ...	Haverhill Mass
11. Name of Father, . . .	Thos.
12. Name of Mother, . . .	Mary
13. Birthplace of Father, .	Newburyport "
14. Birthplace of Mother, .	Haverhill "
15. Place of Interment, . .	Chelsea Mass.
Signature of Undertaker or other person making the Return, ...	W. E. Brown

DATED at Winthrop, on July 24' 1890.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

' and Age of Deceased,* Hiram A Pierson Age, 64

nd Place of Death, - died at Winthrop July 23 1898

se or Cause of Death, - of Cancer Stomach Duration of Sickness 4 months

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician, Chas A Eastman Winthrop Mass

Date of Certificate, July 24 1898

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Hariet Marsh Age, 10 months

Date and Place of Death, - died at Sea Shore Home, Winthrop, July 23 1890.

Disease or Cause of Death, - of Cholera Infantum Duration of Sickness 39 hours

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, S. C. Houghton, Sea Shore Home, Winthrop

Date of Certificate, July 23 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—Boston.

Date of death, July 23 1890 Name, Harriet Marsh

Maiden name,* ——— Sex, Female

Married, single, or ~~widow of~~ Of wife of ———

Color, Age, years, 10 mos., 28 days. Residence, Rear #430 Hanover st.

Place of death (street and number), Sea Shore Home ward

Place of birth, Boston Occupation, Laborer

Name of father, James Name of mother, Mary

Birthplace of father, England Birthplace of mother, Boston

Place of interment,† Holy Cross Malden

*If a married woman or a widow. †Give the name of the burial ground.

Signature of undertaker, or other person making the return. M. J. Murphy

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 25 "1890
2. Name, ...	Peter Themeson
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single. Married, or Widowed.	Female — S
4. Color,†	White
5. Age, ...	Years. 4 Months, Days.
6. (Disease or Cause of Death, Duration of Sickness, . . By whom certified, .	Diphtheria
7. Residence, ...	Boston Mass
8. Occupation, ...	—
9. Place of Death, . . .	Sea Shore House
10. Place of Birth. . . .	Boston Mass
11. Name of Father, . .	Peter Themson
12. Name of Mother, . .	Hilma "
13. Birthplace of Father, .	Sweden
14. Birthplace of Mother, .	Sweden
15. Place of Interment, .	Mount Hope
Signature of Undertaker or other person making the Return, ...	Sumner Floyd

Dated at Winthrop, on July 25, 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 188*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Hester Thennson Age. 3 1/2 months.

Date and Place of Death, - died at Sea Shore Home, Winthrop, July 25 1890.

Disease or Cause of Death, - of Acute Dyspeptic Diarrhoea Duration of Sickness 2 weeks.

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, S. A. Houghton, Sea Shore Home, Winthrop

Date of Certificate, July 25, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Rosella D. Ralph Age, 6 mos 23 days

Date and Place of Death, - died at Winthrop July 25 18 90

Disease or Cause of Death, - of Cholera Infantum Duration of Sickness Five days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Chas F Eastman Winthrop

Date of Certificate, July 25 18 90

*Or Sex of Infant (not named).

[Ed.—10 M—Oct. 9, 1889.] [May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—Boston.

Date of death, July 25 1890 Name, Rosella Dora Ralph

Maiden name,* Lane Sex, F

Married, single, ~~or widow~~ of L. wife of —

Color, W Age, years, 6 mos., 23 days. Residence, Sea Foam ave Ocean Spray

Place of death (street and number), ward

Place of birth, Boston Occupation, Father Fish dealer

Name of father, James D r Name of mother, Rosella

Birthplace of father, Kingston Canada Birthplace of mother, Hilden

Place of interment,† Brookline Holyhood

* If a married woman or a widow. † Give the name of the burial ground.

Signature of undertaker, or other person making the return. F. J. Crosby

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . July 25" 1890
2. Name, ... Lettie Milne
   (Maiden Name),* . —
   (Name of Husband),* —
3. Sex, and whether single, Female
   Married, or Widowed.
4. Color,† . . . . . White
5. Age, ... — Years. 2 Months, 7 Days ~~Days~~
   Disease or Cause of Death,
6. Duration of Sickness, . X
   By whom certified. .
7. Residence, ... ~~Residence~~ Boston
8. Occupation, ... —
9. Place of Death, . . . Sea Shore Home
10. Place of Birth, . . . Boston
11. Name of Father, . . Serge Milne
12. Name of Mother, . . Flora J. Milne
13. Birthplace of Father, . Scotland
14. Birthplace of Mother, . Scotland
15. Place of Interment, . Mt Hope Cemetery

Signature of Undertaker ~~or other person~~ *making the Return*, . . . Lumner Floyd Dec 1st 1889

DATED at July 25", on Mch 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Nellie Milne Age, ~~9 mos~~ 2 m 7 ds

Date and Place of Death, - died at Sea Shore Home Winthrop, July 25 1889.

Disease or Cause of Death, - of Infantile Atrophy Duration of Sickness 9 weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Silas A. Houghton, Sea Shore Home Winthrop "

Date of Certificate, July 25, 1889.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 26th 1895
2. Name, ...	Eleanor Fawcett
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	S
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	Years, 5 Months, — Days.
(Disease or Cause of Death,	
6. Duration of Sickness. .	
(By whom certified. .	
7. Residence, ...	Boston
8. Occupation, ...	
9. Place of Death, . . .	S. S. Home,
10. Place of Birth, . . .	Boston
11. Name of Father, . .	Boyle Fawcett
12. Name of Mother, . .	Elizabeth Fawcett
13. Birthplace of Father. .	England
14. Birthplace of Mother. .	England
15. Place of Interment, .	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ *making the Return*, ...	Sumner Floyd

Dated at Winthrop, on July 1895

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Eleanor Fawcett Age, 5 months.

Date and Place of Death, - died at Sea Shore Home, Winthrop, July 22, 1890.

Disease or Cause of Death, - of Infantile Atrophy. Duration of Sickness 5 months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, S A Houghton, Sea Shore Home Winthrop.

Date of Certificate, July, 26, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 29 1890
2. Name, ...	Rachel Fishmann
(Maiden Name),* .	.....
(Name of Husband),*	.....
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,†	White
5. Age, ...	1 Years, ~~3 months~~ Months, 21 days ~~Days.~~
Disease or Cause of Death,	Broncho Pneumonia
6. Duration of Sickness, .	3 months
By whom certified, .	James M. Jackson,
	20 South Margin St. Boston.
7. Residence, ...	Winthrop
8. Occupation, ...	.....
9. Place of Death, . . .	Boston
10. Place of Birth, . . .	Simon Fishmann.
11. Name of Father, . .	Jennie Fishmann.
12. Name of Mother, . .	Russia.
13. Birthplace of Father, .	Russia.
14. Birthplace of Mother, .	Dedham.
15. Place of Interment, .	
Signature of ~~Undertaker~~ of ~~other~~ person making the Return, ...	Silas A. Houghton.

DATED at Winthrop, , on July 29, 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or it duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there i no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Rachael Fishmann Age, 13 mos

Date and Place of Death, - died at Winthrop, Mass July 29 1890.

Disease or Cause of Death, - of Bronchio-Pneumonia Duration of Sickness 3 mos.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, James M. Jackson, Seashore Home, Winthrop.

Date of Certificate, July 29 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Mary N Madigan Age, 14 mos.

Date and Place of Death, - died at Winthrop July 31 1890

Disease or Cause of Death, - of Bronchs-Pneumonia Duration of Sickness 2 weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, James M. Jackson, Sea Shore Home, Winthrop Mass.

Date of Certificate, August 1 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—Boston.

Date of death, July 31 1890 Name, Mary N. Madigan

Maiden name,* Sex, Female

Married, single, or widow of wife of

Color, Wht Age, 1 years, ~~7~~ 2 mos ~~mos.~~, days. Residence, 14 No. Margin St

Place of death (street and number), Sea Shore Home Winthrop ward

Place of birth, Boston Occupation, Mattress Maker

Name of father, John Madigan Name of mother, Ellen Madigan

Birthplace of father, Boston Birthplace of mother, Ireland

Place of interment,† Malden / Holy Cross Cem

*If a married woman or a widow. †Give the name of the burial ground.

Signature of undertaker, or other person making the return. James Mullen

No. ... of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 1st 1890
2. Name, ...	John Flaherty Donovan
(Maiden Name),* .	—
(Name of Husband),†	—
3. Sex, and whether single,	Single
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	Years, 5 Months, — Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Boston
8. Occupation, ...	—
9. Place of Death, . . .	Sea Shore Home Mullup
10. Place of Birth, . . .	Boston Le-Inn Hospital
11. Name of Father, . .	Patsey Flaherity
12. Name of Mother, . .	Maggie Donovan
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	Ireland
15. Place of Interment, .	Temporary Deposit Tru Rec Tomb
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd Dec 1 Interment at Mount Hope

DATED at Winthrop, on August 1st, 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** John Thahuty Donovan Age, 5 mos.

Date and Place of Death, - died at Winthrop August 1, 1890

Disease or Cause of Death, - of Insolation Duration of Sickness Two days.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, James M. Jackson, Sea Shore Home, Winthrop, Mass.

Date of Certificate, August 1 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, August 1st 1896.

Name and age of deceased: Gertrude A Reed *Age* 54 *yrs.* 1 *mos.* 5 *dys.*

Date and place of death: August 1st Pauline St Winthrop

Disease or cause of death: Nervous Prostration

Duration of disease: About One year

I certify that the above is true, to the best of my knowledge and belief.

Name and residence of physician. H. S. Soule M. D.

Winthrop Mass

* It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A. M. till 2 P. M.; Sundays, 10.30 A. M. till 2 P. M.; Holidays, from 10.30 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.

UNDERTAKER'S RETURN.—Boston.

Date of death, August 1st 1896 Name, Gertrude A Reed

Maiden name,* Gertrude A Spinney Sex, Female

Married, ~~single, or widow of~~ wife of Charles H.

Color, W Age, 53 years. / mos., 6 days. Residence, Winthrop Mass

Place of death (street and number). Pauline Rd ward

Place of birth, Annapolis Co N.S. Occupation, Housewife

Name of father, Elijah Spinney Name of mother, Margaret Spinney

Birthplace of father, Annapolis N.S. Birthplace of mother, Annapolis N.S.

Place of interment,† Winthrop Cem. Mass.

*If a married woman or a widow. †Give the name of the burial ground.

Signature of undertaker, or other person making the return. J W Sprague

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Charles D. Marcellus Jr. Age, 5 months

Date and Place of Death, - died at Winthrop, August 4, 1890.

Disease or Cause of Death, - of Infantile Atrophy Duration of Sickness 5 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Silas A. Houghton. Sea Shore Home, Winthrop

Date of Certificate, August 5 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—Boston.

Date of death, Aug 4. 1890 Name, Chas D Marcelis Jr

Maiden name,* — Sex, M.

Married, single, or widow of — wife of —

Color, W Age, years ~~4 mos. 22~~ 5 months days. Residence, 78 4 " 24

Place of death (street and number), Seashore Home ward Winthrop

Place of birth, Boston Occupation, —

Name of father, Chas D. Marcelis Name of mother, Sarah

Birthplace of father, Philadelphia Birthplace of mother, England

Place of interment,† Cedar Grove

*If a married woman or a widow. †Give the name of the burial ground.

Signature of undertaker, or other person making the return. P. F. Sullivan

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 4th 1890
2. Name, ...	Cornelius Patrick Fennelly
(Maiden Name),* .	
(Name of Husband),*	Richard Fennelly
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	White
5. Age, ...	~~Years.~~ 6 Months. Days.
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified, .	
7. Residence, ...	60 Barton St Boston
8. Occupation, ...	Richard Fennelly
9. Place of Death, . . .	Sea Shore House
10. Place of Birth, . . .	Boston
11. Name of Father, . .	Richard Fennelly
12. Name of Mother, . .	Sarah J. Fennelly
13. Birthplace of Father, .	Boston
14. Birthplace of Mother, .	Newfoundland St. Johns
15. Place of Interment, .	Calvary Cemetery Mass Boston
Signature of Undertaker or other person making the Return, ...	James. Mullen

Dated at Winthrop, on August 6 18,90

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*ame and Age of Deceased,** Cornelius Patrick Fennelly Age, 6 months

Date and Place of Death, - died at Winthrop, August 4, 1890.

Disease or Cause of Death, - of Tubercular Meningitis Duration of Sickness Three weeks.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Silas A. Houghton Sea Shore Home Winthrop,

Date of Certificate, August 4, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[Ed.—10 M—Oct. 9, 1889.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Patrick McLaughlin Age, 7 months 8 ds

Date and Place of Death, - died at Winthrop, August 7, 1890.

Disease or Cause of Death, - of Intestinal Catarrh Duration of Sickness Three weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Silas A. Houghton Sea Shore, Town Winthrop

Date of Certificate, August 7, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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UNDERTAKER'S RETURN.—Boston.

Date of death, Aug 7th 189 Name, Patrick J. M Loughlin

Maiden name,* —

Sex, M

~~Married~~, single, or widow of wife of

Color, W Age, years. 4 mos., 5 days. Residence, near 89 L. Chelsea St

Place of death (street and number), near 89 Chelsea St ward

Place of birth, Boston Occupation,

Name of father, Michael Name of mother, Catherine

Birthplace of father, Ireland Birthplace of mother, Ireland

Place of interment,† Malden

* If a married woman or a widow. † Give the name of the burial ground.

Signature of undertaker, or other person making the return. James Farrell

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Michael Kilduff Age, 6 months.

Date and Place of Death, - died at Winthrop August 8 1890.

Disease or Cause of Death, - of Infantile Atrophy Duration of Sickness 5 months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Silas A. Houghton Sea Shore Home Winthrop.

Date of Certificate, August 8, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom th body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be retu and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu th a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obt for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a c town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificat delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or re for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the ceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—Boston.

Date of death, August 8 1890 Name, Michael A. Kildu[illegible]

Maiden name,* ——— Sex, Male

Married, single, or widow of ——— wife of ———

Color, W Age, —years, 6 mos., —days. Residence, 20 King St.

Place of death (street and number), Winthrop Mass ward 19

Place of birth, Boston Occupation, Laborer

Name of father, Thomas Name of mother, Ann

Birthplace of father, Ireland Birthplace of mother, Boston

Place of interment,† Mt Benedict

* If a married woman or a widow. † Give the name of the burial ground.

Signature of undertaker, or other person making the return. } M. A. Farrell

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	August 10th 1890
2. Name.	Charles F. Chipman
(Maiden Name).* .	
(Name of Husband).*	
3. Sex, and whether single, Married, or Widowed,	Male Married White
4. Color,†	
5. Age, ...	52 Years, — Months, — Days.
6. Duration of Sickness, . (Disease or Cause of Death, By whom certified, .	Heart Disease Dr H. G. Glass
7. Residence, ...	Somerville Mass
8. Occupation, ...	Baggage Master
9. Place of Death, . . .	Perkins Street - Great Head
10. Place of Birth, . . .	Belgrade - Maine
11. Name of Father. . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	South Paris Maine
14. Birthplace of Mother. .	7 Miles Brook Maine
15. Place of Interment. .	Portland Maine
Signature of Undertaker ~~or other person making~~ the Return, ...	Sumner Floyd

DATED at Winthrop, on August 18th 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

he deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

e and Age of Deceased,* Charles F. Chipman Age, 52 yrs.

and Place of Death, - died at Winthrop. West Aug 10th 1890

se or Cause of Death, - of Heart Disease Duration of Sickness 7. weeks

I certify that the above is true, to the best of my knowledge and belief.

nd Residence of Certifying Physician, H. Glynn. Children's Hospital

Date of Certificate, Aug 10 - 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 11 " 1890
2. Name, ...	John Morrill
(Maiden Name).* .	
(Name of Husband).*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	White
5. Age, ...	X Years. X Months, 15 Days.
6. Disease or Cause of Death, Duration of Sickness, . . By whom certified, .	Gastro Enteritis
7. Residence, ...	South Boston
8. Occupation, ...	
9. Place of Death, . . .	Sea Shore Home South Boston
10. Place of Birth, . . .	Edward Colton
11. Name of Father, . .	Nellie Morrill
12. Name of Mother, . .	South Boston
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	Deposit in Rec. Tomb Aug 12
15. Place of Interment, .	Winthrop Cemetery Dec 1st to Mt Hope
Signature of Undertaker ~~or other person making~~ the Return, ...	Sumner Floyd

DATED at Winthrop . on Aug 12" 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Range 34 Sec C. - Grave 1

Interment at Mount Hope Dec 1st 1890

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** John Morrill Age, 15 days

Date and Place of Death, - died at Winthrop, August, 11, 1890

Disease or Cause of Death, - of Gastro-Enteritis Duration of Sickness Eight days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, S. A. Houghton, Sea Shore Home Winthrop.

*Or Sex of Infant (not named).

Date of Certificate, August 11, 1890.

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

...s.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	August 13 [illegible]
2. Name, ...	Irvin A. C. [illegible]
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	Years, 1 Months, 6 Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	Due 4 [illegible]
By whom certified, .	Bu
7. Residence, ...	Mitchell [illegible]
8. Occupation, ...	—
9. Place of Death, . . .	Schuyler [illegible]
10. Place of Birth, . . .	
11. Name of Father, . .	Eugene R. [illegible]
12. Name of Mother, . .	Jennie P. [illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Flyer

DATED ~~at~~ August 13-1890, ~~on~~ ..... ~~18~~.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

nd Age of Deceased,* Male Irvin a Lewis Great Head Age, 5 m. 6 d.

d Place of Death, - died at Winthrop Aug 13 188 70

or Cause of Death, - of Cholera Infant Duration of Sickness 1 days

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, [illegible]

Date of Certificate, [illegible] 188..

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration ce
facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person durin
last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the
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body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there
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board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be re
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for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a
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for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to t
ceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions
section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 14 1890
2. Name, ...	Isaac Rajinski
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	male, single
Married, or Widowed,	
4. Color,†	white
5. Age, ...	Years, 3 Months, Days.
(Disease or Cause of Death,	Infantile atrophy
6. Duration of Sickness, .	3 mos.
(By whom certified, .	
7. Residence, ...	89 Price St. Boston
8. Occupation, ...	
9. Place of Death, . . .	Sea Shore Home Winthrop
10. Place of Birth, . . .	Boston
11. Name of Father, . .	Ezzie Rajinski
12. Name of Mother, . .	Fanny "
13. Birthplace of Father, .	Russia
14. Birthplace of Mother, .	"
15. Place of Interment, .	Holy Cross Cemetery
Signature of Undertaker ~~or other person~~ making the Return, . . .	Sumner Floyd

DATED at Winthrop, on August 14 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Isaac Rajinski Age, 3 months

Date and Place of Death, - died at Winthrop, August 14, 1890.

Disease or Cause of Death, - of Infantile Atrophy Duration of Sickness 3 months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, S. A. Houghton. Sea Shore Home Winthrop.

Date of Certificate, August 14, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 21" 1890
2. Name, ...	William Trotter
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male (~~Widower~~) Widower
4. Color,†	White
5. Age, ...	62 Years, — Months, — Days.
6. Disease or Cause of Death, Duration of Sickness, . . By whom certified, . .	Typhoid Fever
7. Residence, ...	England
8. Occupation, ...	Engineer
9. Place of Death, . . .	Winthrop Pauline St.
10. Place of Birth, . . .	Scotland
11. Name of Father, . .	Robert
12. Name of Mother, . .	Ellen D.
13. Birthplace of Father, .	Scotland
14. Birthplace of Mother, .	Scotland
15. Place of Interment, .	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Summer Floyd

*Dated at Winthrop, on August 22 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*...nd Age of Deceased,** William Trotter *Age,* 62

...d Place of Death, - *died at* Whitworth Aug 21 *188*9

...or Cause of Death, - *of* Typhoid Fever *Duration of Sickness* three weeks

I certify that the above is true, to the best of my knowledge and belief.

...Residence of Certifying Physician, H. J. Soule Whitworth

Date of Certificate, Aug 23 *188*9

*...r Sex of Infant (not named). [May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certa facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during l last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the nam of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician ne lects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 24th 1890
2. Name, ...	Minnie Dineen
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,†	White
5. Age, ...	1 Years, 6 Months, [illegible] Days.
6. Duration of Sickness, .	Membranous Croup
(Disease or Cause of Death, (By whom certified, .	
7. Residence, ...	Boston Mass
8. Occupation, ...	
9. Place of Death, . . .	Sea Shore Home
10. Place of Birth, . . .	~~Boston~~ Boston
11. Name of Father, . .	Daniel
12. Name of Mother, . .	Lottie
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	England
15. Place of Interment, .	Holy Cross Cemetery Malden
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Winthrop, on August 25 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Minnie Denieen Age, 18 months

Time and Place of Death, - died at Winthrop, Aug. 24, 1890.

Disease or Cause of Death, - of Membranous Croup Duration of Sickness 4 days

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, S. A. Houghton, Sea Shore Home, Winthrop

*Or Sex of Infant (not named).

Date of Certificate, Aug. 24 1890.

[Ed.—10 M—Oct. 9, 1889.]

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

COMMONWEALTH OF MASSACHUSETTS.

No 18

RETURN OF A DEATH.

To the Clerk of the City of Malden.

1. Date of Death	Aug 27th 1890
2. Name of Deceased	Mary Gray Lawrence
(Maiden Name)*	
(Husband's Name)*	
3. Sex	Female
4. Color†	White
5. Condition, whether Single, Married or Widowed	S
6. Age	— Years — Months 19 Days.
7. Disease or Cause of Death,	
8. By whom Certified	
9. Residence	Portland Me
10. Occupation	
11. Place of Death	Ocean Spray Winthrop Portland Me
12 Place of Birth	
13. Name of Father	Geo B Lawrence
14. Birthplace of Father	Portland
15. Maiden Name of Mother	Effie S Gray
16. Birthplace of Mother	Boston
17 Place of Interment	Malden Mass
Signature of Undertaker or other person making the return.	Henry B Jacobs By Hollis R Gray

~~Malden~~ Winthrop Aug 27 1890

* If a Married Woman or a Widow.

† (W.) White; (A.) African; (M).) Mixed White and African. If other Race, specify what.

Be very particular to fill all Blanks in Ink.

The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Cause of Death — to the City Clerk, BEFORE THE INTERMENT, and receive the Clerk's Certificate that the return has been made.

In case of an Interment taking place without the Certificate of Registry of the Clerk of the City or Town in which the death occurred (or the deceased resided) having first been obtained, the person having charge of interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of returns, and Physicians' Certificates, may be obtained from the City Clerk.

PHYSICIAN'S CERTIFICATE.

To the Clerk of the City of Malden.

Age of Deceased,* .

Place of Death, . . .

Cause of Death, . .

Mary Gray Lawrence ... yrs. ~~mos.~~ 19 dys.

Died at No. Mermaid ave. Street, Aug. 27 1890.

of Diarrhoea Duration of Sickness one week

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

Saml. H. Durgin

Date of Certificate, Aug. 27th 1890.

*Or Sex of Infant (not named).

EXTRACT FROM SECTION 1 OF CHAPTER 306 OF THE LEGISLATIVE ACTS OF 1888.

A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	
2. Name, ...	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age, ...	31 Years. 5 Months, 17 Days.
6. Disease or Cause of Death, Duration of Sickness. . By whom certified. .	
7. Residence, ...	
8. Occupation, ...	
9. Place of Death, . . .	
10. Place of Birth. . . .	
11. Name of Father, . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	
14. Birthplace of Mother. .	
15. Place of Interment, .	Gloucester Mass
Signature of Undertaker ~~or other person~~ making the Return, ...	

DATED at , on 14" 1895

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** [illegible] *Age,* 31 y 5 mo 17 days

Date and Place of Death, - *died at* Winthrop Sept 14th 1890

Disease or Cause of Death, - *of* Primary Pneumonia = Heart failure *Duration of Sickness* four days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, [illegible] M D Winthrop Mass

Date of Certificate, Sept 13th 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 23 1890
2. Name, ...	Margaret Miller
(Maiden Name),* .	" Campbell
(Name of Husband),*	James
3. Sex, and whether single,	Female
~~Married~~, or Widowed,	
4. Color,†	White
5. Age, ...	86 Years, 10 Months, 17 Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Ocean Spray Winthrop
8. Occupation, ...	Ocean Spray Winthrop
9. Place of Death, . . .	Londonderry N. S.
10. Place of Birth, . . .	Londonderry N. S.
11. Name of Father, . .	Unknown
12. Name of Mother, . .	"
13. Birthplace of Father, .	Londonderry N. S.
14. Birthplace of Mother, .	Londonderry N. S.
15. Place of Interment, .	Woodlawn Cem
Signature of Undertaker or other person making the Return, ...	Chas E Perry Undr

DATED at Winthrop, on Sept 24" 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

ame and Age of Deceased,* Margaret Miller Age, 86.10.mos

ate and Place of Death, - died at Winthrop Sept 23 1890

sease or Cause of Death, - of Rheumatism Duration of Sickness One

eek. Immediate Cause of Death Heart failure

I certify that the above is true, to the best of my knowledge and belief.

e and Residence of Certifying Physician, Chas A Eastman

Winthrop

Date of Certificate, Sept 23 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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Commonwealth of Massachusetts.

No. ....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	« Sept 30th 1880
2. Name, ...	George A Goodrich
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether ~~single~~,	M.
~~Married, or Widowed~~.	Married -
4. Color.†	W
5. Age, ...	34 Years, (Months, (Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
By whom certified. .	
7. Residence, ...	Chelsea Mass.
8. Occupation, ...	Laborer.
9. Place of Death, . . .	Winthrop
10. Place of Birth, . . .	Chester. Mass.
11. Name of Father. . .	Azias Goodrich
12. Name of Mother, . .	Elizabeth Goodrich
13. Birthplace of Father, .	Worthington Mass.
14. Birthplace of Mother. .	Chesterfield Mass.
15. Place of Interment. .	Chelsea.
Signature of Undertaker ~~or other person~~ making the Return, ...	C H. Farnell

Dated at Winthrop, on 30th of Sept 1880.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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Printing Department, Deer Island, Boston Harbor.

Winthrop ~~Boston,~~ Sept 30 1890

This Certifies, That Geo A Goodrich

died on the 30th day of Sept. 1890, aged 34 years,

months, days.

CAUSE OF DEATH. } Primary, Duration

Secondary, Heart Disease Duration 10 Minutes*

Horace J Boule M.D. Physician.

* Taken very suddenly.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . . .	Sept 30 " 1890
2. Name, ...	Charles L. Gardiner
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Single
4. Color,†	White
5. Age, ...	29 Years, 2 Months, 26 Days.
6. Disease or Cause of Death, Duration of Sickness, . By whom certified, .	
7. Residence, ...	Centre Street
8. Occupation, ...	R R. Clerk
9. Place of Death, . . .	Centre Street
10. Place of Birth, . . .	Charlestown Mass
11. Name of Father, . .	Charles L. Gardiner
12. Name of Mother, . .	Addie B. Gardiner
13. Birthplace of Father, .	New York
14. Birthplace of Mother, .	Lynn Mass
15. Place of Interment, .	Mount Auburn

Signature of Undertaker ~~or other person~~ making the Return, ... Sumner Floyd

DATED at Winthrop, on Sept 30" 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Charles L. Gardner Age, 29 Years

Date and Place of Death, - died at Winthrop Sept 30" 189.0

Disease or Cause of Death, - of Phthisis Pulmonalis Duration of Sickness Six Months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. L. Soule Winthrop Mass

*Or Sex of Infant (not named).

Date of Certificate, Oct 1 18 90

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 6" 1890
2. Name, ...	John Cox
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color,†	White
5. Age, ...	65 Years, 7 Months, Days.
Disease or Cause of Death,	Softening of Brain + Heart failure
6. Duration of Sickness, .	6 Mos
By whom certified, .	
7. Residence, ...	Fair Bar Avenue
8. Occupation, ...	Advertising Agent
9. Place of Death, . . .	Fair Bar Avenue
10. Place of Birth, . . .	Dedham Mass
11. Name of Father, . .	John
12. Name of Mother, . .	Lucretia D.
13. Birthplace of Father, .	Milton Mass
14. Birthplace of Mother, .	Dedham Mass
15. Place of Interment, .	Dedham Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Winthrop, on October 7" 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

5-9-18 Casket - No 25
Box - Hearse
Funeral Thursday 9th 11 a.m.
Interv. Dedham 3 P.M.

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . November 26th 189[illegible]
2. Name, ... George G. Bel[illegible]
   (Maiden Name),* .
   (Name of Husband).* —
3. Sex, and whether single, Male
   Married, or Widowed, Married
4. Color,† . . . . . White
5. Age. . . . . 71 Years, 1 Months, 2 Days.
6. Disease or Cause of Death,
   Duration of Sickness, .
   By whom certified, .
7. Residence, ... Winthrop
8. Occupation, ... Civil Officer
9. Place of Death, . . . Cor Winthrop & B[illegible] St
10. Place of Birth, . . . Chelsea
11. Name of Father, . . [illegible]
12. Name of Mother, . . [illegible]
13. Birthplace of Father, .
14. Birthplace of Mother, . Maine
15. Place of Interment, . Winthrop Cem[illegible]

Signature of Undertaker ~~or other person~~ making the Return, ... Sumner Floyd

DATED at Winthrop, on November 27 189[illegible]

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

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Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** George S. [illegible] *Age* [illegible]

Date and Place of Death, - *died at* [illegible] *188* .

Disease or Cause of Death, - *of* [illegible] *Duration of Sickness* Four months.

I certify that the above is true, to the best of my knowledge and belief.

ame and Residence of Certifying Physician, E. P. Wing M.D. #31 North Common St. [illegible]

Date of Certificate, Nov. 28th 1890 *188* .

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 2" 1890
2. Name, ...	Mary C. Wright
(Maiden Name),* .	
(Name of Husband).*	
3. Sex, and whether single,	Female
Married, or Widowed,	Single
4. Color,†	White
5. Age, ...	48 Years, (Months, (Days.
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified, .	
7. Residence, ...	Winthrop
8. Occupation, ...	
9. Place of Death, . . .	Buchanan Street
10. Place of Birth, . . .	Boston
11. Name of Father, . .	John
12. Name of Mother, . .	Elizabeth L.
13. Birthplace of Father, .	Boston
14. Birthplace of Mother. .	Boston
15. Place of Interment, .	Mount Hope Cemetery
Signature of Undertaker [illegible] *making the Return*. . . .	Sumner Floyd

DATED at Winthrop, on December 2" 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Mrs Mary Wright Age, 48 yrs

Date and Place of Death, - died at Winthrop Dec 2nd 1890

Disease or Cause of Death, - of Heart failure Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Chas F Eastman

Date of Certificate, Dec 31 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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rson
888.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Date of Death . . . Winthrop Mass Dec 15 1890

Name and Sex of deceased Wallis F Wells.

Place of Death . . . ~~No.~~ Centre Street

Disease or Cause of Death.

First or Primary Pneumonia Duration of* 5 days.

Secondary . Exhaustion Duration of

I certify that the above is a true Return, to the best of my recollection and belief.

Name and Professional Title J Manning Perkins M.D.

Residence No. 14. South Common Street Lynn

Dated at Lynn, this Sixteenth day of December 1890

[*Be very particular to fill all the Blanks.*]

*Reckoned to the time of Death.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

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☞ Blank Certificates can be obtained at the Office of the Board of Health.

UNDERTAKER'S RETURN

Town Clerk Winthrop Mass

To the ~~Board of Health of the City of Lynn.~~

Date of Death Dec 15 1890 Name Walter F. Wells

Maiden Name ——— Sex Male

Color White Married, Single or Widow of Married Wife of ———

Age 36 Years 4 Months 25 Days

Name of the Physician ———

Residence of Deceased, ~~No.~~ Centre Street Winthrop ~~Street~~

Occupation Clerk Place of Birth Lisbon N.H.

Place of Death, ~~No.~~ Centre Street Winthrop ~~Street~~

Father's Name Benjamin F. Wells

Father's Birthplace Lisbon N.H.

Mother's Maiden Name Harriet T. Parker

Mother's Birthplace Lisbon N.H.

Place of Interment Oak Grove Cemetery, Lisbon N.H.

Signature of Undertaker ~~or Informer~~ B. F. Wells

Dated at ~~Lynn~~ Winthrop this Seventeenth day of December 1890

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	December 30 " 1890
2. Name,	Lizzie C. Folsom
(Maiden Name),*	Richardson
(Name of Husband).*	John A. Folsom
3. Sex, and whether single, Married, or Widowed,	Female — Widowed
4. Color,†	White
5. Age,	43 Years, 7 Months, 2 Days.
6. Disease or Cause of Death, Duration of Sickness, By whom certified.	Bright's Disease Dr Eastman
7. Residence,	Winthrop
8. Occupation,	
9. Place of Death,	North Avenue Chelsea
10. Place of Birth,	Joshua B. Richards
11. Name of Father,	Mary "
12. Name of Mother,	New Hampshire
13. Birthplace of Father,	New Hampshire
14. Birthplace of Mother,	Cambridge Cemetery
15. Place of Interment,	Sumner Floyd
Signature of Undertaker or other person making the Return,	

DATED at Winthrop, on Dec 31 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

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eceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

d Age of Deceased,* Lizzie C Falsom Age, 43 yrs 7 mos

' Place of Death, - died at Winthrop Dec 30 1890

se or Cause of Death, - of Brights Disease Duration of Sickness Few months

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, Chas A Eastman

Date of Certificate, Dec 31 1890

[May, 1888.]

*Or Sex of Infant (not named).

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	1 2
2. Name, ...	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age, ...	Years, Months, Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	
8. Occupation, ...	
9. Place of Death, . . .	
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . . (Maiden Name),	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker or other person making the Return, ...	

DATED at ....., on ..... 18 .

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 5 1882
2. Name, ...	Mary Jane Hill[illegible]
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Female —
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	2 Years, 6 Months, 12 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	In Level
By whom certified, .	
7. Residence, ...	Whitley Man
8. Occupation, ...	—
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	Whitley
11. Name of Father, . .	Carl J. [illegible]
12. Name of Mother, . . (Maiden Name),	Nellie [illegible]
13. Birthplace of Father, .	Finland Russia
14. Birthplace of Mother, .	Ireland
15. Place of Interment, .	Maiden
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner Floyd

DATED at Whitley, on Jan 5th 18[illegible].

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Jan 6 "1892
2. Name,	Fred I. Aldrich
(Maiden Name),*	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	—
4. Color,†	White
5. Age,	Years, 1 Months, 5 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	
6. Duration of Sickness,	Bronchitis
(By whom certified,	
7. Residence,	Winthrop (L. Head)
8. Occupation,	
9. Place of Death,	Beacon Street
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Seth S. Aldrich
12. Name of Mother, (Maiden Name),	Fannie E Downe
13. Birthplace of Father,	Calais Me
14. Birthplace of Mother,	Plymouth Me
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Jan 7 " 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

[Acts of 1888, Chap. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 14 [illegible]
2. Name, ...	Walter H. Lapham
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	—
4. Color,†	W
5. Age, ...	Years, 1 Months, [illegible] Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	
By whom certified, .	Dr [illegible]
7. Residence, ...	Whitin
8. Occupation, ...	—
9. Place of Death, . . .	Mary [illegible]
10. Place of Birth, . . .	Whitin
11. Name of Father, . .	Henry [illegible] Lapham
12. Name of Mother, . . (Maiden Name),	Margaret [illegible]
13. Birthplace of Father, .	Mad[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	Whitin's Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible] Floyd

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 26th 1892 2 A.M.
2. Name, ...	William Keyes
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	
5. Age, ...	75 Years, — Months, — Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	Thirty years
By whom certified, .	A B Dorman M.D.
7. Residence, ...	Main St
8. Occupation, ...	Landscape Gardener
9. Place of Death, . . .	Winthrop
10. Place of Birth, . . .	Glascow Scotland
11. Name of Father, . .	Thomas
12. Name of Mother, . . (Maiden Name).	[illegible] —
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	Temporary deposit in Rec Tomb
Signature of Undertaker ~~or other person~~ making the Return, ...	Simon Floyd

DATED at [illegible], on Jan 26 1891

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

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Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 18" 1892
2. Name, ...	Francis P. Sheerin (Sheerin)
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	2 Years, — Months, 16 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	
By whom certified, .	Dr McMichael
7. Residence, ...	—
8. Occupation, ...	—
9. Place of Death, . . .	Cora St Sheerin
10. Place of Birth, . . .	Cora St ~~[illegible]~~
11. Name of Father, . .	Patrick Sheerin
12. Name of Mother, . . (Maiden Name),	Susan Sheeker
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	Ireland
15. Place of Interment, .	Malden Holy Cross
Signature of Undertaker or other person making the Return, ...	S Floyd

DATED at Milford, on March 18 18 .

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

[Acts of 1888, Chap. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

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Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible] 18th 1892
2. Name, ...	[illegible]
(Maiden Name),* .	[illegible]
(Name of Husband),*	[illegible]
3. Sex, and whether single,	[illegible]
Married, or Widowed,	[illegible]
4. Color,†	[illegible]
5. Age, ...	48 Years, 6 Months, 17 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	[illegible]
Duration of Sickness, .	[illegible]
By whom certified, .	[illegible]
7. Residence, ...	[illegible]
8. Occupation, ...	[illegible]
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . . (Maiden Name),	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	[illegible]
Signature of Undertaker or other person making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 18 .

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 22d 1892
2. Name, ...	Almira S. Pond
(Maiden Name),* .	Almira Butts
(Name of Husband),*	Preston Pond
3. Sex, and whether single,	Female
Married, or Widowed,	Widow
4. Color,†	White
5. Age, ...	84 Years, 2 Months, 24 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	Dr Dayman
Duration of Sickness, .	
By whom certified, .	Bright's Disease
7. Residence, ...	Winthrop
8. Occupation, ...	Housework
9. Place of Death, . . .	Winthrop
10. Place of Birth, . . .	Warren - R. I.
11. Name of Father, . .	Unknown
12. Name of Mother, . . (Maiden Name),	Unknown
13. Birthplace of Father, .	Unknown
14. Birthplace of Mother, .	Unknown
15. Place of Interment, .	Wrentham
Signature of Undertaker or other person making the Return, ...	Sumner Floyd

DATED at Winthrop, on Mch 22d 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

[Acts of 1888, Chap. 306.]

AN ACT

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Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Mch 25" 1892
2. Name,	Eliza Tibbetts
(Maiden Name),*	Eliza James
(Name of Husband),*	Orrea B.
3. Sex, and whether single,	Female
Married, or Widowed,	Widow
4. Color,†	White
5. Age,	84 Years, 4 Months, 16 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	Paralysis
Duration of Sickness,	
By whom certified,	Dr Allen
7. Residence,	Winthrop Mass
8. Occupation,	
9. Place of Death,	Shirley Street
10. Place of Birth,	Kensington N H
11. Name of Father,	Unknown
12. Name of Mother, (Maiden Name),	Unknown
13. Birthplace of Father,	Unknown
14. Birthplace of Mother,	Unknown
15. Place of Interment,	Amesbury Mass
Signature of Undertaker or other person making the Return,	Sumner Floyd

DATED at Winthrop, on Mch 26" 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN. ~~Boston.~~ Winthrop

Date of death, March 30 1892 Name, Frank MacConnell

Maiden name,* ..... Sex, Male

~~Married~~, single, ~~or widow of~~ ..... ~~wife of~~ .....

Color, W Age, 23 years, 1 mos., 16 days. Residence, Crest & Sea Foam Ave

Place of death (street and number), Crest & Sea Foam Ave ward .....

Place of birth, Ireland Occupation, ...

Name of father, John Maiden name of mother, Sarah A Davis

Birthplace of father, Ireland Birthplace of mother, Ireland

Place of interment,† Mount Auburn

* If a married woman or a widow. † Give the name of the burial ground.

Signature of Undertaker: J S Waterman & Sons

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 17" 1892
2. Name, ...	Sarah Ella Tyler
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Female
Married, or Widowed,	
4. Color,†	White
5. Age, ...	6 Years, 7 Months, 15 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	Dr Fever
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	Winthrop Mass
8. Occupation, ...	
9. Place of Death, . . .	Winthrop Street Extension
10. Place of Birth, . . .	Lynn
11. Name of Father, . .	George F.
12. Name of Mother, . . (Maiden Name),	Ella L. Hall
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	Quincy Mass
15. Place of Interment, .	Point Pleasant Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	Edward Floyd

DATED at Winthrop, on April 18, 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

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Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible] 1893
2. Name, ...	[illegible]
(Maiden Name),* .	Adaline D. Small
(Name of Husband),*	[illegible]
3. Sex, and whether single,	[illegible]
Married, or Widowed,	[illegible]
4. Color,†	White
5. Age, ...	61 Years, 6 Months, ... Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	[illegible]
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	[illegible]
8. Occupation, ...	
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . . (Maiden Name),	Elizabeth Bradbury
13. Birthplace of Father, .	Cape Elizabeth Me
14. Birthplace of Mother, .	Lyman Me
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible], on [illegible] 1893

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Reported in Death

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth, . . .	May 7 93
2. Full Name of Child,	Still Born
3. Color, *	White
4. Sex, (and if twin or illegitimate,)	Female
5. Place of Birth, . . .	Truro
6. Name of Father, . .	Henry F. Rich
7. Residence, ...	N. Truro
8. Occupation, ...	Fish dealer
9. Birthplace, ...	Truro Mass
10. Name of Mother, . .	Ella F. Curtis
(Maiden Name,) . .	
11. Residence, ...	N. Truro
12. Birthplace, ...	Truro Mass

Dated at Truro 20 18 93

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Ed. June, 1889. 5-M.

C A Eastman

UNDERTAKER'S RETURN.—Boston.

Date of death, May 17 1892. Name, Mary R. Wright

Maiden name,* Sex, F.

~~Married~~, single, or ~~widow of~~ ~~wife of~~

Color, W. Age, 58 years, 5 mos., 23 days. Residence, Winthrop

Place of death (street and number), Sunnyside Ave. ward

Place of birth, Gilead Me. Occupation, Housework

Name of father, Daniel O. Maiden name of mother, Julia A. Peabody

Birthplace of father, Gilead Me. Birthplace of mother, Gilead Me.

Place of interment,† Winthrop Cemt.

* If a married woman or a widow. † Give the name of the burial ground.

Signature of Undertaker:

E G Brown

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 19th 1892
2. Name,	William T. Ames
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	
4. Color,†	White
5. Age,	Years, 7 Months, Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	Stillborn
Duration of Sickness,	
By whom certified,	Dr H S Soule
7. Residence,	Herman Street
8. Occupation,	
9. Place of Death,	Herman Street
10. Place of Birth,	Herman Street
11. Name of Father,	William T. Ames
12. Name of Mother, (Maiden Name),	M Alice Ames (Cummings)
13. Birthplace of Father,	Passipee N. H.
14. Birthplace of Mother,	St John N. B.
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on May 20th 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 20th 1892
2. Name, ...	Jesse L. Burrill
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	Years, 6 Months, 10 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	Dr Tilton
By whom certified, .	
7. Residence, ...	Winthrop Mass
8. Occupation, ...	—
9. Place of Death, . . .	Winthrop Street
10. Place of Birth, . . .	Winthrop Street
11. Name of Father, . .	[illegible]
12. Name of Mother, . . (Maiden Name),	[illegible]
13. Birthplace of Father, .	Winthrop
14. Birthplace of Mother, .	East [illegible]
15. Place of Interment, .	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at Winthrop, on May 21" 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

[Acts of 1888, Chap. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 20th 1892
2. Name, ...	Mary Kent
(Maiden Name),* .	" " Richerson
(Name of Husband),*	John Kent
3. Sex, and whether single,	Widowed
~~Married, or~~ Widowed,	
4. Color,†	White
5. Age, ...	70 Years, Months, Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	
By whom certified, .	Dr Allen
7. Residence, ...	Harbor Av Winthrop
8. Occupation, ...	
9. Place of Death, . . .	Harbor Av
10. Place of Birth, . . .	Charlestown
11. Name of Father, . .	Richerson
12. Name of Mother, . . (Maiden Name),	" Neal
13. Birthplace of Father, .	Ct
14. Birthplace of Mother, .	
15. Place of Interment, .	Charlestown
Signature of Undertaker or other person making the Return, ...	E H Marsh

DATED at ~~[illegible]~~ Winthrop, on May 21st 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. May, 1891.—5,000.

[Acts of 1888, Chap. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

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Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible]
2. Name, ...	[illegible]
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	[illegible]
Married, or Widowed,	[illegible]
4. Color,†	[illegible]
5. Age, ...	88 Years, 11 Months, 3 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	[illegible]
8. Occupation, ...	[illegible]
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . . (Maiden Name),	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~*or other person*~~ *making the Return*, ...	[illegible]

DATED at [illegible], on [illegible] 18[illegible]

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 18" 1892
2. Name, ...	Nathan F Lowell
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male (
Married, or Widowed,	married
4. Color,†	White
5. Age, ...	57 Years, — Months, — Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	Apoplexy
By whom certified, .	F. A. Newman
7. Residence, ...	Winthrop
8. Occupation, ...	Wheelwright
9. Place of Death, . . .	Winthrop
10. Place of Birth, . . .	Hope Maine
11. Name of Father, . .	Ebenezer
12. Name of Mother, . . (Maiden Name),	Lobelia
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	Camden Me
Signature of Undertaker ~~or other person making~~ the Return, . . .	Turner Floyd

DATED at Winthrop, on June 20 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 28 1892
2. Name,	Albert W. Doane
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male — Single
4. Color,†	White
5. Age,	39 Years, 5 Months, 23 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness,	
By whom certified,	
7. Residence,	Winthrop Mass.
8. Occupation,	Coachman
9. Place of Death,	Winthrop Mass.
10. Place of Birth,	Sugar Hill N. Y.
11. Name of Father,	Ezekiel P. Doane
12. Name of Mother, (Maiden Name),	Clarissa C. Olmstead
13. Birthplace of Father,	
14. Birthplace of Mother,	Sugar Hill N. Y.
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker or other person making the Return,	Lemuel Floyd

DATED at Winthrop, on June 30 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 2 1892
2. Name,	Sarah A Rice
(Maiden Name),*	" " Saunders
(Name of Husband),*	Charles A
3. Sex, and whether single, Married, or Widowed,	Female, Married
4. Color,†	W
5. Age,	52 Years, 6 Months, 19 Days.
6. Disease or Cause of Death,	Heart Failure
Duration of Sickness,	
By whom certified,	R B Dorman
7. Residence,	Terrace Ave Winthrop
8. Occupation,	Housewife
9. Place of Death,	Terrace Ave Winthrop
10. Place of Birth,	Boston Mass
11. Name of Father,	John C Saunders
12. Name of Mother,	Sarah M. Covell
13. Birthplace of Father,	London Eng
14. Birthplace of Mother,	Eng
15. Place of Interment,	Framingham Mass
Signature of Undertaker ~~or other person~~ making the Return,	Benj F Smith Boston

DATED at Winthrop, on July 21, 1892.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 7 1892
2. Name, ...	Henry H. Fay
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male White
Married, or Widowed,	
4. Color,†	White
5. Age, ...	77 Years, 5 Months, 20 Days.
6. (Disease or Cause of Death, (Primary and Secondary),†	
(Duration of Sickness, .	
(By whom certified, .	
7. Residence, ...	West Dr.
8. Occupation, ...	
9. Place of Death, . . .	Tenn. Co.
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . . (Maiden Name),	Wife.
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker ~~or other person~~ making the Return, ...	

DATED at Tenn, on , 18 .

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—Boston.

Date of death, July 25 1892 Name, Grace E. Wells

Maiden name,* ..... Sex, Female

Married, single, or widow of ..... wife of .....

Color, White Age, 15 years, 1 mos., 26 days. Residence, Center St Winthrop Mass

Place of death (street and number), Center St Winthrop Mass ward .....

Place of birth, Lynn Mass Occupation, ...

Name of father, Wallace Wells Maiden name of mother, Eliza E Gove

Birthplace of father, Shuger Hill N H Birthplace of mother, Boston Mass

Place of interment,† Lisbon Town ab Lisbon N H.

* If a married woman or a widow. † Give the name of the burial ground.

Signature of Undertaker: C. E. Pennison

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 31st 1892
2. Name,	Emily Eline H. Slater
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	White
5. Age,	43 Years, — Months, — Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	Accidental Drowning
Duration of Sickness,	
By whom certified,	Dr Francis A. Harris
7. Residence,	Great Falls N.H.
8. Occupation,	Stable Keeper
9. Place of Death,	Winthrop Mass
10. Place of Birth,	Washington Me
11. Name of Father,	John L. Slater
12. Name of Mother, (Maiden Name),	Nancy Achorn
13. Birthplace of Father,	Washington Me
14. Birthplace of Mother,	Washington Me
15. Place of Interment,	Washington Me
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on August 1st 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

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Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 13th 1[illegible]
2. Name, ...	Horace Channing Hovey
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	
4. Color,†	White
5. Age, ...	1 Years, 2 Months, 13 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	In three
By whom certified, .	
7. Residence, ...	[illegible]
8. Occupation, ...	—
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	
12. Name of Mother, . . (Maiden Name),	[illegible] Crain
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, . . .	[illegible]

DATED at [illegible], on [illegible] 18[illegible]

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

[Acts of 1888, Chap. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 15 1892
2. Name, ...	Charles A Lo
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	
4. Color,†	
5. Age, ...	Years, Months, Days.
6. Disease or Cause of Death, (Primary and Secondary),† Duration of Sickness, .	Heart Disease
By whom certified, .	
7. Residence, ...	Pa
8. Occupation, ...	
9. Place of Death, . . .	
10. Place of Birth, . . .	
11. Name of Father, . .	
12. Name of Mother, . . (Maiden Name),	Mary
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker ~~or other person~~ making the Return, ...	

DATED at ..., on ... 18...

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 21" 1892
2. Name, ...	Charles Mays
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male (S)
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	31 Years, 6 Months, 3 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	
By whom certified, .	
7. Residence, ...	River View Avenue
8. Occupation, ...	Tiker Tanner
9. Place of Death, . . .	River View Avenue
10. Place of Birth, . . .	Melrose Mass
11. Name of Father, . .	[illegible] Mass
12. Name of Mother, . . (Maiden Name),	Charity Malyo
13. Birthplace of Father, .	Brewster Mass
14. Birthplace of Mother, .	Kittery Me
15. Place of Interment, .	Winthrop [illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	Lunne Floyd

DATED at Winthrop, on Aug 22 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

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UNDERTAKER'S RETURN.—Boston.

Date of death, Aug 22nd 1892 Name, Fredrick McGinn

Maiden name,* Sex, M.

Married, single, or widow of Single wife of

Color, W Age, 6 years, 1 mos., 7 days. Residence, Winthrop, Mass.

Place of death (street and number), Reed St ward

Place of birth, Winthrop Mass. Occupation, Paperhanger

Name of father, James F Maiden name of mother, Mary E. DeBogner

Birthplace of father, E. Boston Birthplace of mother, E. Boston

Place of interment,† Holy Cross, Malden

* If a married woman or a widow. † Give the name of the burial ground.

Signature of Undertaker: Frank S. Maloney

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	August 27" 1892.
2. Name,	Henry L Williams
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	M
Married, or Widowed,	
4. Color,†	White
5. Age,	Years, 2 Months, Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	Dr Doule
Duration of Sickness,	
By whom certified,	
7. Residence,	Hermon Street
8. Occupation,	
9. Place of Death,	Hermon Street
10. Place of Birth,	" " "
11. Name of Father,	
12. Name of Mother, (Maiden Name),	Annie L. "
13. Birthplace of Father,	" " "
14. Birthplace of Mother,	" " "
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker ~~or other person~~ making the Return,	Sumner Floyd

DATED at Winthrop, on Aug 28" 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—Boston.

Date of death, August 31st 1892 Name, Mary A. Murphy

Maiden name,* Mary A. McCauley Sex, F

Married, ~~single, or widow of~~ wife of James Murphy

Color, White Age, 46 years, 6 mos., 3 days. Residence, Shirley St. Winthrop Mass

Place of death (street and number), Shirley St Winthrop Mass ward

Place of birth, Grand Truscada P. E. Island Occupation, Housewife

Name of father, Donald McCauley Maiden name of mother, Anne Morrison

Birthplace of father, Scotland Birthplace of mother, Scotland

Place of interment,† Holy Cross, Cemetery Malden Mass

* If a married woman or a widow. † Give the name of the burial ground.

Signature of Undertaker:

John Moore S

Undertaker
165 Lincoln St
East Boston

UNDERTAKER'S RETURN.—Boston.

Date of death, Aug 31 189 2 Name, Louis Leaara

~~Maiden name~~,* Sex, m

Married, ~~single, or widow of~~ ~~wife of~~

Color, W Age, 64 years, ~~mos.~~, ~~days~~. Residence, Winthrop ~~Centre~~

Place of death (street and number), Cor Fremont & Jefferson Broadway

Place of birth, Canada Occupation, Flag man

Name of father, Louisint Maiden name of mother, Victor Levoy

Birthplace of father, Canada Birthplace of mother, Canada

Place of interment,† Holy Cross Malden

*If a married woman or a widow. †Give the name of the burial ground.

Signature of undertaker [redacted] M J Kelly

UNDERTAKER'S RETURN. ~~Boston.~~

Date of death, Sept 4th 1892 Name, Christina M. Flaherty

Maiden name,* Sex, Fem

~~Married~~ single, of ~~widow of~~ ~~wife of~~

Color, W Age, Y years, 1 mos., X days. Residence, Winthrop Mass.

Place of death (street and number), Winthrop Mass Mam ward

Place of birth, Boston Occupation, Laborer

Name of father, John Maiden name of mother, Bridget O'Donnell

Birthplace of father, Ireland Birthplace of mother, Ireland

Place of interment,† Malden

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker: J. W. Keyes

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	September 8th 1892
2. Name, ...	Patrick Butler
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	—
4. Color,†	White
5. Age, ...	— Years, — Months, 4 Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	[illegible]
Duration of Sickness, .	[illegible]
By whom certified, .	[illegible]
7. Residence, ...	[illegible]
8. Occupation, ...	—
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, (Maiden Name), . .	[illegible]
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	Ireland
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible], on Sept 9th 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN.—~~Boston.~~ Winthrop

Date of death, Sept ~~24~~ 19th 1892 Name, Elizabeth Doherty

~~Maiden name.~~* _____ Sex, F.

Married, single, or ~~widow~~ of _____ ~~wife of~~ _____

Color, W. Age, 2 years, 1 mos., ~~17~~ (19) days. Residence, Winthrop

Place of death (street and number), no number Fremont St. ward _____

Place of birth, Winthrop Occupation, ~~Night watchman~~

Name of father, John Doherty Maiden name of mother, Mary E. Lockwood

Birthplace of father, E. Boston Birthplace of mother, Ireland

Place of interment,† Holy Cross Malden.

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker:

M J Kelly

Meridian Street E Boston

UNDERTAKER'S RETURN.—Boston.

Date of death, Sept 22nd 1892 Name, James Louis Hooker.

Maiden name,* Sex, Male

Married, single, or widow of wife of

Color, W Age, 72 years, 7 mos., 7 days. Residence, Oak Park, Ill.

Place of death (street and number), ~~Sacketts Harbor~~. Winthrop Highlands ward

Place of birth, Sacketts Harbor. Occupation, gentleman

Name of father, L. F. Hooker Maiden name of mother, Esther Dorylass

Birthplace of father, Windsor Ct. Birthplace of mother, Northampton Mass

Place of interment,† Sacketts Harbor. New York

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker:

Lewis Jones & Son.

M. B.

LEWIS JONES & SON,
UNDERTAKERS
50 LA GRANGE ST.

UNDERTAKER'S RETURN.—~~Boston.~~ Winthrop

Date of death, Sept 21st, 1892 Name, Grace E Hadley

Maiden name,* ~~~~ Sex, F

~~Married~~, single, or ~~widow~~ of wife of

Color, White Age, 1 years, ~~11~~ mos. 2 days. Residence, 153 Putnam St East Bost

Place of death (street and number), Atlantic St, Winthrop Mass ward

Place of birth, Winthrop Mass Occupation, Under Wear Manufac

Name of father, Charles Hadley Maiden name of mother, Annie M Driel

Birthplace of father, Boston Birthplace of mother, East Bost

Place of interment,† Holy Cross Malden

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker:

J H Williams

163 Lenden St

East Bost

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	September 28" 1892
2. Name, ...	Mary E Carter
(Maiden Name),* .	Morris
(Name of Husband),*	[illegible]
3. Sex, and whether single,	[illegible]
Married, or Widowed,	—
4. Color,†	[illegible]
5. Age, ...	28 Years, — Months, — Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	[illegible]
Duration of Sickness, .	[illegible]
By whom certified, .	[illegible]
7. Residence, ...	[illegible]
8. Occupation, ...	—
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	Halifax [illegible]
11. Name of Father, . .	—
12. Name of Mother, . . (Maiden Name),	—
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at Winthrop, on [illegible] 18 .

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

AN ACT

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Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 2d 1892
2. Name, ...	William F. Boyd
(Maiden Name),* .	—
(Name of Husband),*	—
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	White
5. Age, ...	33 Years, 7 Months, 12 Days. Feb 20
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	—
By whom certified, .	Dr Marcy
7. Residence, ...	Winthrop Mass
8. Occupation, ...	Foreman Artist
9. Place of Death, . . .	Washington Avenue
10. Place of Birth, . . .	Boston Mass
11. Name of Father, . .	Spencer Elisha Boyd
12. Name of Mother, . . (Maiden Name),	Catharine Ayer
13. Birthplace of Father, .	Windsor Vt
14. Birthplace of Mother, .	Kingsley
15. Place of Interment, .	Smith's Cemetery
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at Winthrop, on October 3d 1892

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890 – 5,000.

AN ACT

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UNDERTAKER'S RETURN.—Boston.

Date of death, 2 Oct 31 1892 Name, William M Strachan

~~Maiden name,~~* Sex, Male.

Married, ~~single, or widow of~~ wife of

Color W Age 62 years, 9 mos., — days. Residence, Grove Av Winthrop Mass

Place of death (street and number), Winthrop Highlands Mass ward

Place of birth, Scotland Occupation, Liquor Dealer

Name of father, James M. Maiden name of mother, Mary Mortimer

Birthplace of father, Scotland Birthplace of mother, England

Place of interment,† ~~Malden Mass~~ Calvary Cemetery, West Roxbury

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker:

M. F. Sullivan

No. [illegible]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible]
2. Name, ...	[illegible]
(Maiden Name) .	—
(Name of Husbar ,*	—
3. Sex, and whether single,	[illegible]
Married, or Widowed,	[illegible]
4. Color,†	[illegible]
5. Age, ...	48 Years, 4 Months, — Days.
6. Disease or Cause of Death, (Primary and Secondary), ‡	
Duration of Sickness, .	
By whom certified, .	Do Lule
7. Residence, ...	Belcher St
8. Occupation, ...	Carpenter
9. Place of Death, . . .	Belcher Street
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . . (Maiden Name),	[illegible]
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	[illegible]
15. Place of Interment, .	Maiden [illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	Sumner [illegible]

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Nov. 1890—5,000.

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 23" 1892
2. Name, ...	Maria C. Hines
(Maiden Name),* .	Maria C Nines
(Name of Husband),*	Geo D. Hines
3. Sex, and whether single,	Female
Married, or Widowed,	Widowed
4. Color,†	White
5. Age, ...	93 Years, 2 Months, ~ Days.
(Disease or Cause of Death, (Primary and Secondary),‡	
6. Duration of Sickness, .	Old Age
(By whom certified, .	
7. Residence, ...	Winthrop Highlands
8. Occupation, ...	
9. Place of Death, . . .	Groves Avenue
10. Place of Birth, . . .	Parr Rivers N.S.
11. Name of Father, . .	James H. Wright.
12. Name of Mother, . . (Maiden Name),	Margret Gray Wright
13. Birthplace of Father, .	Yarmouth Eng.
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Harmony Grove Cemetery
Signature of Undertaker ~~or other person~~ making the Return, . . .	Salem Mass Sumner Floyd

DATED at Winthrop, on Dec 23 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	[illegible] 2[illegible] 1892
2. Name, ...	Mary Olive Po[illegible]
(Maiden Name),* .	" " Shepherd
(Name of Husband),*	—
3. Sex, and whether single,	Female
Married, or Widowed,	Id.
4. Color,†	White
5. Age, ...	80 Years, — Months, — Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	
Duration of Sickness, .	Dr M. Cormack
By whom certified, .	
7. Residence, ...	Reed St [illegible]
8. Occupation, ...	—
9. Place of Death, . . .	[illegible]
10. Place of Birth, . . .	[illegible]
11. Name of Father, . .	[illegible]
12. Name of Mother, . . (Maiden Name),	Mary Quibeau
13. Birthplace of Father, .	—
14. Birthplace of Mother, .	—
15. Place of Interment, .	[illegible]
Signature of Undertaker ~~or other person~~ making the Return, ...	[illegible]

DATED at [illegible], on Dec 23 18[illegible]

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.